

Corporate Travel insurance claim form

Important notice

- If we accept this form, it does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your completed claim form, together with the supporting documents, within 30 days from the date of the event.
- Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

Policy number:	
Claim number: (For official use)	

Details of policyholder

Name of policyholder		Name of contact person	
Mailing address		Designation	Department
Contact number (Office)	(Handphone)	(Fax)	Email

Personal details of employee

Name (as shown in NRIC, FIN or Passport)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)
Insured group (as shown in the policy schedule)		Designation	Nationality
Mailing address			
Contact number (Office)	(Home)	(Handphone)	Email

Personal details of dependant (to complete when claim is for employee's dependant)

Name of dependant	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number
Relationship to employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others (Please specify) _____		Nationality

Payee's details

Please tick <input checked="" type="checkbox"/> the claim payment mode.			
<input type="checkbox"/> For payment by direct transfer into Insured Person's bank account . Please provide supporting documents such as bank statement for verification of payee details.			
Full name (as shown in the bank account)	Nationality	Name of Bank	Bank Account Number
<input type="checkbox"/> For payment by PayNow (registered with NRIC No. only)			

Travel details

Period of travel for this trip (dd/mm/yyyy) _____ to (dd/mm/yyyy) _____			
Which country or city did the incident or injury or illness happen in?	Date of event (dd/mm/yyyy)	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Description of incident, injury or illness			
Are there any other insurance policies covering you for this incident? If Yes, please give the name of the insurer, policy number and amount you can recover.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of claim

Please tick the types of claim you are sending us and the documents you are attaching for this claim. We may ask for more documents to assess the claim.

1 **Personal accident** **Medical expenses**

Supporting documents needed (or attached):

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Original final hospital or medical or ambulance bills and receipts
- Medical report or inpatient discharge summary (stating clearly the start date, cause, extent of permanent disability (if this applies) and nature of injury or illness)
- Referral letter by general practitioner for specialist treatment
- Police or accident report (accident claim only)
- A copy of the reimbursement letter or discharge voucher from the insurer or employer (if there is a previous refund from another insurer or employer)
- Death certificate or autopsy report or toxicological report or coroner's findings (death claim only)
- Proof of policyholder's or person claiming's relationship with the person who has died (death claim only)

Policyholder or person claiming	Documents needed
Husband or wife	Marriage certificate
Parent	Birth certificate of person who died
Child	Birth certificate of policyholder or person claiming
Brother or sister	Birth certificates of person who has died and policyholder or person claiming

a. Nature and extent of injury or illness

b. Is the specialist treatment (if any) referred by a general practitioner? Yes No
If No, please give the reasons.

Note: The policy covers specialist treatment, only if the specialist treatment is referred by a general practitioner.

c. Have your treatment been completed? Yes No
If No, please say when treatment is expected to be completed.

d. Amount you want to claim

e. Have you ever suffered from or been recommended to receive treatment for this injury, illness or a similar condition before? Yes No

If Yes, please give details. _____

Dates (dd/mm/yyyy) of consultations _____

Name and address of doctor consulted _____

2 **Cancelling your trip** **Postponing your trip** **Shortening your trip**

Supporting documents needed (or attached):

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and arrival to Singapore.
- Tour itinerary and tour booking invoice or receipt
- Transport and/or accommodation provider's confirmation on the cost of non-refundable prepaid travelling expenses (including cancellation fees)
- Written advice or medical certificate from a qualified attending doctor confirming that you were unfit to travel (for cases of serious injury or illness)
- Death certificate (where someone's death caused this cancellation)
- Proof of insured's relationship with the person who is sick or who died

Insured	Documents needed
Husband or wife	Marriage certificate
Parent/ Brother or sister	Birth certificate of person who is sick or who died
Child	Birth certificate of insured

a. Trip booking date (dd/mm/yyyy)	b. Intended departure date (dd/mm/yyyy)	c. Date of cancelling or shortening your trip (dd/mm/yyyy)
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d. What caused the trip to be cancelled or shortened?

e. Total amount paid by you	f. Total refund paid to you	g. Amount you want to claim
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3 **Travel delay** **Overbooked public transport** **Missed connections** **Baggage delay**

Supporting documents needed (or attached):

- Scheduled and revised flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Airline or bus or cruise operator's or their handling agent's confirmation on the cause and length of the travel or baggage delay or overbooked public transport or missed connections
- Delay report and acknowledgement slip (baggage delay claim)

Travel delay or overbooked public transport		
Original flight number	Original departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Actual flight number	Actual departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Cause of delay or overbooking		Length of delay

Missed connections		
Original flight number	Original departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Actual flight number	Actual departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm

Baggage delay		
Flight number	Flight arrival date (dd/mm/yyyy)	Flight arrival time <input type="checkbox"/> am <input type="checkbox"/> pm
Baggage collection date (dd/mm/yyyy)	Place of baggage collection	Baggage collection time <input type="checkbox"/> am <input type="checkbox"/> pm

4 **Loss or damage of baggage & personal belongings** **Losing money** **Losing travel documents**

Supporting documents needed (or attached):

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Police report of the lost item (or items)
- Baggage loss or damage report filed with relevant authorities or service providers
- Confirmation letter from airlines or travel agent or operator of amount paid as compensation for loss
- Photographs of damaged item (or items)
- Copy of diagnostic report from repairer stating the cause and extent of damage
- Original repair bill or quotation of repair for damaged item (or items) or original purchase receipt or credit-card statement and warranty card of lost or damaged item (or items)
- Original invoice for the transport and accommodation expenses incurred to apply to replace the lost passport or travel documents
- Original invoice for replacement passport/passport photograph/travel documents

a. Has this loss or damage been reported to the police or authorities? Yes No
If No, please say why.

b. Did you receive any compensation from the service provider ? (eg. Airline, etc) Yes No
If yes, please provide details on the compensation or cash settlement amount received: _____
If no, please provide evidence of denial compensation from the service provider.

c. Can the damaged item (or items) be repaired? Yes No
If No, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.

Description of damaged or lost item (or items)	Original purchase price	Date of purchase	Receipt (Yes/No)	Amount you want to claim

5 Other sections

For any other claim which does not fall within the sections shown above, please provide details of the claim. If there is not enough space below, please attach another page.

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at <http://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/we are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data,

for the purposes as set out in this Personal Data Use Statement.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b) Income to collect from and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
- c) Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the 'Personal Data Use Statement'(PDUS) above.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

I confirm that all documents submitted to Income including bills and invoices are copy of the original documents and I am aware that I am required to retain all original documents for a period of 6 months from claim submission date for verification by Income when required. I am aware that Income may reject my claim should it discover that the document(s) that I have submitted is not a copy of the original document(s).

I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income for reimbursement and I have not made any claim and will not make any claim from any other source for the same bill(s)/invoice(s). If I have made a claim from other source, I agree that I will provide a copy of the settlement agreement between me and such other source. I am aware that Income will not reimburse me if I have received a full reimbursement from any other source. If I do not receive full reimbursement from other source, I am aware and understand that Income will only reimburse me the balance of the bill/invoice that has not been paid to me by other source. In the event Income has made a reimbursement to me and I have claimed from other sources and be reimbursed for more than what I incurred in total, I agree that Income has the right to recover any payment made by Income to me.

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Authorised signature & company stamp: _____

Signature of insured employee/dependant: _____

Name of authorised signatory: _____

Name of insured employee/dependant: _____

Designation: _____

NRIC/Fin number: _____

Date (dd/mm/yyyy) : _____

Date (dd/mm/yyyy) : _____

Claim submission instruction

You may email the completed claim form and supporting documents to plineclaims@income.com.sg. Please be reminded to keep the original copy of the supporting documents for 6 months as we may request for them on case by case basis prior to settlement of the claim.