

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 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)	

You may email the completed claim form and supporting documents to plineclaims@income.com.sg. Please 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.

Personal details of policyholder

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)
Home address		Occupation	Nationality
Contact number (Office)	(Home)	(Handphone)	Email

Note: For death claim, to fill in the details of the person filing the claim under the policyholder.

Personal details of insured (No need to fill this in if the information is the same as above.)

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)
Home address		Occupation	Nationality
Contact number (Office)	(Home)	(Handphone)	Email

Personal details of child for family plan (To fill this if the child is making claim.)

Name (as shown in NRIC, FIN or Passport)	Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth(dd/mm/yyyy)
Name (as shown in NRIC, FIN or Passport)	Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth(dd/mm/yyyy)
Name (as shown in NRIC, FIN or Passport)	Nationality	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth(dd/mm/yyyy)

Payee's details

With immediate effect, we will ONLY make payment via direct transfer to Insured Person's bank account. Please indicate the bank details below clearly for us to process the payment and to avoid any delay to the claim settlement.

Full name (as shown in the bank account)	Nationality	Name of Bank	Bank Account Number
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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?

Yes No

If Yes, please give the name of the insurer, policy number and amount you can recover.

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
- Travel agency or airline 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)
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

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 form, I/we give my/our consent to NTUC Income Insurance Co-operative Limited, its representative, agents (collectively "Income"), relevant third parties, referred to in Income's Privacy Policy which can be found at <https://www.income.com.sg/privacy-policy> and/or appointed distribution partners to collect, use, and disclose the information (including any updates) for the purposes of processing and administering this insurance application or transaction, providing me with financial advice and/or recommendation on products and services, managing my relationship and policies with Income including sending me corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in the Income's Privacy Policy.

Where personal data of a third party (for example information of my spouse, child, ward, parent or employee) is provided by me/us, I/we represent and warrant that I/we have obtained the consent of the third party to provide Income with their personal data for this application or transaction.

The consent provided by me in this form is in addition to and does not supersede any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn and notified to Income.

I may withdraw my above consent by contacting Income Contact Centre at 6788 1777 or submitting my request via Income website at <https://www.income.com.sg/contact-us/customer-enquiry-form>.

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 'Personal data use statement'.

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 authorize any person or organization 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 authorize Income and its claims service providers to collect, use, disclose and to exchange with the persons or organizations listed above any information (including personal health information).
- c. I am authorized to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

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

Name of policyholder: _____

Name of insured: _____

Signature: _____

Signature: _____

Date (dd/mm/yyyy) : _____

Date (dd/mm/yyyy) : _____