

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 the claim payment mode.

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
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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
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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. Has 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 provide? (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 Income Insurance Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/ or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/ or customise their products/ services and/ or to provide you with their respective products /services, and in the manner and for other purposes described in Income’s Privacy Policy.

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

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation

I/We cannot alter any of the wordings in this claim form. Any attempt to do so will have no effect.

I/We declare that the answers given in this form are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. If it is discovered later that the insured suffers from a medical condition that is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income.

I/We confirm that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the “Personal Data Use Statement” (PDUS) above. I/We further confirm on the representation and warranty made in the PDUS.

If this claim is submitted under a group policy,

- a. I, the insured, consent to (1) the group policyholder disclosing to Income; and (2) Income disclosing to the group policyholder, my personal data (including claims information and outcome) for the purposes of claims administration;
- b. We, the group policyholder represent and warrant that we have obtained the consent from the insured (1) to disclose to Income the insured’s personal data (including claims information and outcome); (2) for Income to disclose the insured’s personal data including all claims information and outcome to the group policyholder to facilitate the administration of the claims that we have submitted in this form, where necessary.

For the purpose of administering and processing my/our claim, I/we authorise, consent and agree to:

- a. The medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me/us or the insured;
- b. Income and its relevant third parties stated in Income’s Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me/us 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 assess this claim.

I/We confirm that all copies of the claim documents that I/we have submitted to Income are copies of the original documents and I/we agree to retain all original documents for a period of 6 months from claim submission date for Income to verify its authenticity.

I am/We are aware that Income may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me/us.

I/We confirm that I/we have paid in full all the bill(s)/invoice(s) that I/we have submitted to Income for reimbursement and I/we have not made nor will I/we make any claim against any other source for the same bill(s)/invoice(s).

If I/we have made a claim from other source, a. I/we agree that I/we will provide a copy of any document requested by Income of the payment received by me/us; b. I am/we are aware that Income will not reimburse me/us if I/we have been fully reimbursed by such source; c. I am/we are aware that Income may only reimburse me/us up to the remaining balance of the unpaid bill/invoice I/we have been partially reimbursed by such source; d. I/we undertake to refund on demand any payment made by Income to me/us which exceeds what I/we have incurred in total.

I/We understand that I/we must give Income all documents, authorisations or information required by Income to assess the claim. If I/we fail to co-operate with Income in administering and processing the claim, I am/we are aware that the assessment of the claim may be delayed or Income may reject the claim.

I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

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.