

CLAIM FORM - EQ TRAVEL

To enable us to process your claim, please return the duly completed claim form with supporting documents as listed in the checklist. We reserve the right to request for additional information.

Please mail the claim form and supporting documents to: **EQ Insurance Company Limited, 5 Maxwell Road, #17-00 Tower Block, MND Complex Singapore 069110**

The acceptance of this Form is NOT an admission of liability on the part of EQ Insurance Company Limited. Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

General Information

Policyholder's Full Name: _____

Policy No.: _____ Agency: _____

Claimant's Details

Full Name (if it differs from the policyholder):		NRIC/ FIN No.:
Address:		Postal Code ()
Email:	Contact No.:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:

Travel & Loss Details

Destination:	Travel Period (Day/Month/Year) From: _____ To: _____
Type of Claim (Please <input checked="" type="checkbox"/> tick where appropriate)	
<input type="checkbox"/> Cancellation / Postponement / Curtailment	<input type="checkbox"/> Medical and other Related Expenses
<input type="checkbox"/> Flight Misconnection / Overbooking / Diversion	<input type="checkbox"/> Baggage or Travel Delay
<input type="checkbox"/> Loss / Damage of Personal Effects / Money	<input type="checkbox"/> Others (Please specify): _____
Date and Time of Loss/ Accident Date: _____ Time: _____	Total amount claimed: (SGD): _____
Please describe full details of the incident, loss or illness: _____ _____ _____ _____ _____	
Do you have other policies covering you in respect of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details (name of insurance company, policy number and type of policy): _____	

Payment Details

Please make the cheque payable to _____
(Please provide a Letter of Authorisation if payee is not Claimant)

Personal Data Collection Statement

To evaluate, process and administer this application or transaction, it is necessary for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or processed by us, or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- a. carrying out identity checks;
- b. deciding whether to insure or continue to insure you and your insured persons;
- c. providing advice for product recommendation based on your profile;
- d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- e. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- f. responding to your inquiries or instructions and providing ongoing services, under your policy;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;
- i. conducting market research and statistical analysis;
- j. coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- l. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- b. Medical Professionals and Institutions;
- c. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

Authorisation And Declaration By Claimant (Must Be Completed)

I hereby authorise any hospital, doctor, person(s) or organisation(s) who has/ have attended to me for any reason, to disclose to EQ INSURANCE COMPANY LIMITED or its authorised representative, any and all information with respect to any illness or injury and to provide copies of all hospital or medical records/ certifications, consultation, prescription or treatment, including earlier medical history. A photocopy of this authorisation shall be considered as effective and valid as the original.

Declaration

I/ We declare that the information given is true and correct to the best of my/ our knowledge and belief. I/ We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I/ We shall forfeit my/ our rights to claim under the policy.

Signature of Claimant

Company's Stamp (if applicable)

Name

Date

Document Checklist

Please complete the claim form and submit with the following documents to facilitate the processing of your claim. We reserve our right to request for more documentary proof where necessary.

Documents required for **ALL types**:

- Completed claim form
- Proof of travel – Boarding passes / copies of immigration stamps on passport's pages

Documents required for **Accident Death / Permanent Disablement**:

- Death Certificate and Burial / Cremation Permit (in respect of death claim)
- Letter of Probate / Administration (in respect of death claim)
- Post Mortem Report (in respect of death claim)
- Medical Report from attending doctor abroad
- Local Police Report and findings on alleged accident

Documents required for **Medical and Other Related Expenses**:

- All original medical invoices
- Medical Report / Memo from attending doctor
- Discharge Summary from hospital if applicable
- Referral Letter by general practitioner for specialist treatment
- Original Receipts for additional accommodation and travel expenses if applicable

Documents required for **Trip Cancellation / Postponement / Curtailment**:

- A copy of flight itinerary indicating the original flight schedule
- Original tour fare booking invoice with prepaid amount
- Written confirmation of the refunded amount from travel agency / airline, if applicable
- Written confirmation from travel agency / airline with regard to change of flight details, if applicable
- Original receipts of additional administrative charges, if applicable
- Original invoices / receipts for charges incurred in amending or purchasing additional air-ticket, if applicable
- Medical Memo / Medical report / Death Certificate, if applicable
- Proof of relationship between You and Immediate Family, if applicable

Documents required for **Flight Misconnection / Diversion / Overbooking**:

- A copy of flight itinerary indicating the original flight schedule
- Original booking invoices with terms & conditions and payment details
- Written confirmation from airline / travel carrier stating reason and duration (hours) of the delay
- Written confirmation from airline / travel carrier confirming the overbooked flight and stating the next available transportation
- Original Receipts for additional accommodation and meal expenses if applicable (in respect of Misconnection)

Documents required for **Travel Delay / Baggage Delay**:

- A copy of flight itinerary indicating the original flight schedule
- Written confirmation from airline stating reason and duration (hours) of the delay and the next available flight
- Acknowledgement receipt from airline stating the date and time of the baggage delivery (in respect of Baggage Delay)

Documents required for **Item(s) Lost / Damaged**:

- A list of items lost with the information on brand, model, date of purchase and purchased price
- Original Purchase Receipt(s) / copy of warranty card for lost / damaged items
- Property Irregularity Report lodged at the airport if the item was in carrier's custody
- Local Police Report, if applicable (translated into English)
- Documents stating the amount of compensation from airline or other sources
- Photographs to show the extent of damage if applicable
- Original repair invoices / receipt, if applicable

Documents required for **Loss of Personal Money / Travel Documents**:

- Local Police Report if applicable (translated into English)
- Original Receipts for additional travel and accommodation expenses incurred (in respect of Loss of Travel Documents)
- Original Receipts for replacement of passport (in respect of Loss of Travel Documents)
- Document(s) issued from Consulate for temporary replacement of passport (in respect of Loss of Travel Documents)

Documents required for **Fraudulent Use of Lost Credit Card(s)**:

- Local Police Report, if applicable (translated into English)
- Loss Report issued by the issuing bank
- Statement issued by the issuing bank showing the record of unauthorised use of credit card (including the date and time of use)

Documents required for **Rental Vehicle Excess**:

- A copy of rental agreement
- Documentary evidence on the excess or deductible paid
- Police Report made in the foreign country where the accident occurred
- A copy of the driver's driving licence at the time of accident
- Photographs showing the damages on the rental vehicle

Documents required for **Emergency Handphone Charges**:

- Original phone bills showing the actual charges incurred for the use of your personal mobile phone whilst overseas to engage the services of our Appointed Assistance Company during a medical emergency.

Documents required for **Home Guard**:

- Singapore Police Report / SCDF Report where appropriate
- Original Purchase Receipt(s) / copy of warranty card for lost / damaged items or provide a list of items lost with the information on brand, model, date of purchase and purchased price
- Photographs of damaged item
- Quotation for repair / replacement for the lost / damaged item