

HSBC Insurance (Singapore) Pte. Limited

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 Company registration no. 195400150N

Travel Insurance Claim Form

IMPORTANT NOTES

- This form is for claims submission under a TravelSurance or Complimentary Personal Travel Accident Insurance or Flight Inconvenience Insurance provided to HSBC Credit Card holders. The issue of this form is not an admission of liability on the part of our company.
- Please read the instructions in this claim form carefully and complete **Parts 1 and 3** (compulsory) and the relevant sections in Part 2.
- For questions marked with "*" please tick (✓) the box which is applicable to you. If the space provided is not sufficient, please provide the requested information on a separate sheet and attach it to the claim form.
- You will need to provide the documents specified in the relevant section of this form when lodging your claim. If the document is in a foreign language, you are required to provide an English translation at your own expense. We reserve the rights to request for further particulars/supporting documents and we also reserve the rights to ask for the original receipts, reports or any other documents submitted to substantiate your claim.
- You may post or fax or scan the completed claim form and all supporting documents to us. You are advised to retain a copy of all documents you submit to us for your own record.
- If any part of your claim is dishonest or fraudulent, your claim will be denied and we reserve the rights to refer the matter to the appropriate authorities.

PART 1

PERSONAL PARTICULARS/ TRAVEL DETAILS	
Name of Claimant:	Policy No.:
Address:	Contact Nos. Home: Mobile: Office: Email:
Date of Birth:	Occupation:
*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Departure:	Time and Place of Arrival:
If you are making a claim under the HSBC Complimentary Insurance Programme, please supply the following information	
* HSBC Credit Card No.:	* Have you paid the entire airfare using HSBC Credit Card? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", please enclose a copy of your credit card statement or credit card charge slip showing the transaction
HSBC Type of Card: <input type="checkbox"/> Premier <input type="checkbox"/> Platinum	

CLAIM INFORMATION
<i>Please tick the applicable box(s) relating to your claim and answer the corresponding Section(s) in Part 2.</i>
<input type="checkbox"/> A. Personal Accident & Medical Expenses
<input type="checkbox"/> B. Trip Cancellation/Trip Postponement/Trip Curtailment
<input type="checkbox"/> C. Travel Delay/Missed Travel Connection/Overbooked Flight/Aircraft Hijack
<input type="checkbox"/> D. Baggage Delay
<input type="checkbox"/> E. Baggage and Personal Effects/Personal Money & Travel Documents/Golf Equipment/Home Contents/Pet's Care
<input type="checkbox"/> F. Rental Vehicle Excess
<input type="checkbox"/> G. Personal Liability

PART 2

Section A. Personal Accident & Medical Expenses

Name of the insured person treated for illness / injury:

Date of onset of illness / date of accident causing the injury:

Please state the nature of the illness / injury (including circumstances of the accident leading to the injury):

* If the insured person was injured, was the insured person at work at the time of the accident?

- No
 Yes

If "Yes," please provide name, address and contact number of the insured person's employer:

Country and place where illness / injury was treated:

If the insured person was admitted to hospital, please state:

Date of admission: _____ Time: _____ am/pm

Date of discharge: _____ Time: _____ am/pm

* Has the insured person suffered from the illness stated above before the trip?

- No
 Yes

If "Yes," please specify last date of previous treatment:

Name and Address of the insured person's usual attending doctor:

Name of Doctor/Pharmacy	Treatment Performed	Date of Treatment	Amount Charged (state currency)	Have you Paid Yes/No
e.g. Dr. K. Spears	e.g. Consultation	e.g. 04/10/07	e.g. EUR 100	e.g. Yes

I hereby authorise the release of any of my personal medical information in relation to this claim by any medical professional or institution to HSBC Insurance (Singapore) Pte. Limited. A photocopy of this authorisation shall be considered as effective and valid as the original.

NAME:

SIGNATURE:

DATE:

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Please provide us with all of the following documents relating to your claim:

- The itemised original receipts, invoices.
 The medical report/hospital records giving full details of the matter for which treatment was sought.
 Original air tickets.
 Original boarding pass.

Section B. Trip Cancellation/Trip Postponement/Trip Curtailment

Date your trip was originally booked:

Date of Travel Cancellation:

Date and details of the incident that caused you to cancel or curtail your trip:

Cost of Original Booking	Description of Booked Item	Name of Carrier /Travel Agency	Amount of Refund Received	Cancellation Charges	Amount Claimed
e.g. SGD 2,000	e.g. UK flight	e.g. Singapore Airlines	e.g. SGD 200	e.g. SGD 50	e.g. 1750

If your trip cancellation / curtailment is due to a medical reason, please state:

1. Name of person taken ill or injured and his/her relationship to you:
2. Nature of illness / injury:
3. When was the illness first discovered or when did the injury first occur? (please state date):

Please provide us with all of the following documents relating to your claim:

- The travel agent's letter and tour booking invoice detailing all cancellation charges. This MUST show all amounts paid for your travel and amounts refunded.
- If your travel was cancelled/curtailed due to medical reasons, the Medical Certificate and diagnosis from the Doctor who recommended cancellation.
- If your trip was curtailed, please provide all original transport and accommodation receipts/invoices.
- If your travel was cancelled due to the unfortunate event of a death, a copy of the Death Certificate will be required.
- Any relevant document that supports your reason for cancelling.
- Original air tickets.
- Original boarding pass.

Section C. Travel delay/Missed Travel Connection/Overbooked Flight/Aircraft Hijack

Original Flight Details	Delayed Flight Details
Date of scheduled flight:	Date of actual flight:
Time:	Time:
Place of Departure:	Place of Departure:
Flight No.:	Flight No.:
Name of Airline:	Name of Airline:
Reason for delay and/or missed flight connection:	

Please provide us with all of the following documents relating to your claim:

- Letter from airline stating the reason and period of delay.
- Letter from the carrier showing compensation.
- Copy of tour booking invoice/travel itinerary.
- Original air tickets.
- Original boarding pass.

Section D. Baggage Delay				
Flight Details			Collection of Delay Baggage	
Name of Airline:			Date:	
Flight No.:	Place of Departure:		Time:	
Arrival Date:	Place of Collection:		Place of Collection:	
¹ Please complete the following portion if your claim is under the HSBC Complimentary Insurance Programme:				
Description of item purchased	Date of Purchase	Price Paid (state currency)	Store from where Item was Purchased	Receipt attached Yes/No
e.g. Woollen Jumper	e.g. 04/10/07	e.g. EUR 80	e.g. Benetton of London	e.g. Yes

Please provide us with all of the following documents relating to your claim:

- A loss report issued by the carrier (usually in the form of a Property Irregularity Report (PIR)).
- Confirmation of the date and time the delayed luggage was delivered.
- Letter from the carrier showing compensation.
- Your airline tickets and baggage tags.
- The receipts, credit card vouchers or statements showing the monetary amount of the essential item(s) purchased. (This is applicable only for claim under the HSBC Complimentary Insurance Programme)

Section E. Baggage and Personal Effects/Personal Money & Travel Documents/Golf Equipment Coverage/Home Contents/Pet Care
NB: If your travel baggage is lost by the carrier, the Warsaw Convention imposes a liability upon the carrier and you should claim from them first.

Date of Incident:	Time of Incident: _____ am/pm
Place of Incident:	
<p>* Did you report the event to the police?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", please state:	
1. Location of the police station: 2. Name of attending officer: 3. Report Reference:	
<p>* Have you replaced any of the stolen / damaged items?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", please provide proof of purchase.	
Please provide details of the incident:	

Description of Article lost/damaged	Original Purchase Price (state currency)	Date of Original Purchase	Place of Purchase	Amount claimed	Proof of Ownership Yes/No
e.g. Silver 1999 Casio Digital Watch	e.g. SGD 50.00	e.g. 04/10/07	e.g. Takashimaya	e.g. SGD 30.00	e.g. Yes (receipt attached)

Please provide us with all of the following documents relating to your claim:

- A loss report from the authority you reported the loss to: e.g. police report, letter from hotel, or a Property Irregularity Report (PIR) from the Carrier.
- If applicable, a letter from the carrier outlining their compensation paid to you.
- Your airline tickets and baggage tags. (If the lost of baggage is by the carrier)
- In the case of damaged items – please send us a quotation for repairs and photographs of the damaged items.
- Proof of ownership, which may be in the form of receipts, warranties, invoices, statements, guarantees, valuations, credit card statements.
- In the case of Pet’s Care claim – please send us the delayed report from airline and written confirmation from the kennel/cattery or pet hotel advising the original pick-up date and the actual pick-up date.
- Any relevant document that supports your reason for the damage/loss.

Section F. Rental Vehicle Excess	
Date and time of incident:	Period of Hire:
Location of incident:	Country where the vehicle was rented:
Rental car company name:	
Excess you were liable to pay:	Amount you are claiming for:

Please provide us with all of the following required documents relating to your claim:

- Copy of the rental vehicle agreement.
- Copy of the police report if the vehicle was involved in an accident.
- Copy of the repair invoice/quote. A copy of the rental company incident report.
- Copy of the receipt for payment of the excess.

Section G. Personal Liability	
NB: Do not admit liability or make any offer, promise or payment without our prior consent. Submit all correspondence/documents from the third party to us immediately for our attention.	
Date and time of incident:	Place of incident:
Please provide details about the incident:	
When did you first receive notice of the claim?	Name of person claiming against you:
* Is the incident subject to investigation by the police? <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes”, please provide location of police station and name of the attending officer:	* Was there any witness at the time of incident? <input type="checkbox"/> No <input type="checkbox"/> Yes If “Yes”, please provide name and address of every witness who was present:

Please provide us with all of the following required documents relating to your claim:

- Jurisdiction and court proceedings documents.
- Any relevant documentation that supports your reason for the damage/loss.
- Copy of tour booking invoice/travel itinerary.
- The itemised original receipts, invoices.
- The medical report/hospital records giving full details of the matter for which treatment was sought.
- In the case of damage to property – please send us a quotation for repairs and photographs of the damaged items.
- Original air tickets.
- Original boarding pass.

PART 3

DECLARATION

* Are there any other insurance policies covering you for the event that is the subject of your claim?

- No
 Yes

If "Yes", please provide your policy number and name of the insurance company:

*Have you ever made any previous claim in respect of travel insurance?

- No
 Yes

If "Yes", please provide:

1. Policy number:
2. Claim amount:
3. Details of the claim and event leading to the claim:

- I/We certify that this claim form has been completed in full and all required information and documentation as specified on this claim form is attached to this signed form.
- I/We certify that the information given in this form is truthful, accurate and complete. No information that is likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We understand that if this claim is fraudulent, it will be reported to the relevant authorities.
- I/We consent to the collection, use and disclosure of personal information in order to handle my/our claim.
- I/We acknowledge that if I/we do not agree to the collection of this personal information then HSBC Insurance (Singapore) Pte. Ltd will be unable to process my/our claim.
- I/We acknowledge that I/we will provide all necessary assistance as required by HSBC Insurance (Singapore) Pte. Ltd to process this claim.

NAME:

SIGNATURE:

DATE:

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Please send the completed claim form and supporting documents to us at:

HSBC Insurance (Singapore) Pte Limited

Corporate Claims Department
10 Eunos Road 8 #11-01
Singapore Post Centre (South Lobby)
Singapore 408600

Tel: (65) 6225 6111
Fax: (65) 6424 4156