

Travel Claim Form

Policy/ Certificate No.

To expedite your claim, please (1) Complete this form, (2) Prepare the relevant documents listed on page three and four, and (3) Email to cl.is@mail.life.hsbc.com.sg within 30days from the date of occurrence. Thank you.

A. POLICY INFORMATION

Policyholder's Full Name

B. CLAIMANT DETAILS

Full Name NRIC/FIN No. Email Mobile No. Correspondence Address

C. TRAVEL & LOSS DETAILS

Travel Period (DD MM YY)

From: To: Travel Agency (if applicable)

Date and Time of Loss/ Accident

Date: Time: Location of Loss/ Accident

Type of Loss/ Accident

Death/Total Permanent Disablement

Medical & Dental Expenses

Loss/ Damage of Personal Effects

Baggage or Travel Delay

Trip Curtailment

Flight Misconnection

Others ()

Description: Circumstances of the Loss/ Accident or Nature of Illness

*If space is insufficient, please give details in a separate paper.

Total amount claimed (SGD):

Have you made a claim against any other party in respect of this event? If yes, please provide

Name of other party / insurance company:

Description of claim:

D. BANK ACCOUNT DETAILS

Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.

Name (as per bank account)

Bank Name

Bank Code

Account No.

Branch Code

E. DECLARATION, AUTHORISATION & CUSTOMER'S DATA PRIVACY CONSENT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorisation] I / We hereby consent to and authorise the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to HSBC Life (Singapore) Pte. Ltd. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for HSBC Life (Singapore) Pte. Ltd. ("HSBC Life") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the HSBC Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling HSBC Life and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with HSBC Life (as the case may be), and for the purposes set out in the Data Use Statement which can be found at www.hsbclife.com.sg ("Purposes").

Date: _____

Date: _____

Signature of Claimant

Signature of Policyholder - For minor and group policy
(Please also provide Company Stamp for corporate policy)

TRACK YOUR CLAIM STATUS

Once your claim is registered, you will be updated through e-mail. Should you have any query on your claim status, we would be pleased to assist you via the following:



www.hsbclife.com.sg
(Claim Section)



+65 6880 4888



cst@mail.life.hsbc.com.sg

*HSBC Life is committed to making your claim submission simple and easy.
Thank you for insuring with HSBC Life, we are proud to serve you.*

DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

Below is a list of minimum documentation required to process your claim. In certain circumstances, additional information may be required in order for further confirmation. Please note coverage is subject to type of policy purchased

Type of Loss/ Damage	Documents Required (Please tick against the documents you have submitted)
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Basic for all types	<input type="checkbox"/>	Completed travel claim form
	<input type="checkbox"/>	Proof of travel (e.g. boarding pass or Air tickets)
	<input type="checkbox"/>	Copy of Certificate of Insurance (For group policies)

(plus) as applicable below:

Accidental Death, Total Permanent Disablement	<input type="checkbox"/>	Medical report from the attending doctor abroad
	<input type="checkbox"/>	Death Certificate - if applicable
	<input type="checkbox"/>	Post Mortem Report - if applicable
	<input type="checkbox"/>	Police Report - if applicable
	<input type="checkbox"/>	Investigation report - if applicable

Medical expenses, Hospitalisation Allowance, Hospital Visit benefit, Compassionate Visit, Child Care Benefit	<input type="checkbox"/>	All original medical invoices and receipts
	<input type="checkbox"/>	Medical report from the attending doctor abroad
	<input type="checkbox"/>	Admission/Discharge Report - for Hospitalisation claims only
	<input type="checkbox"/>	Receipts for additional expenses claimed for additional travel & accommodation - for Hospitalisation claims only
	<input type="checkbox"/>	Regular Medical Practitioner report - for Hospitalisation claims only

Loss/Damage to Baggage & Personal Effect	<input type="checkbox"/>	Purchase receipts and/or warranty cards
	<input type="checkbox"/>	Documents stating amount of compensation from airlines or other sources (if applicable)
	<input type="checkbox"/>	Property Irregularity Report for losses in carriers' custody (if applicable)
	<input type="checkbox"/>	Photographs to show extent of damage and original repair invoices (for Damage Claims)
	<input type="checkbox"/>	Police report / loss report lodged at the place of loss within 24 hours (for Theft Claims only)
	<input type="checkbox"/>	List of items stolen with the information on make/model, date purchase and purchase price (Theft claims only)

Purchase of Essential Items	<input type="checkbox"/>	Police report / loss report lodged at the place of loss (within 24 hours)
	<input type="checkbox"/>	Receipts of the essential items purchased

Baggage Delay	<input type="checkbox"/>	A copy of flight itinerary indicating the original flight details
	<input type="checkbox"/>	Written confirmation / acknowledgment receipt from the airline on the date and time of baggage received

Personal Money & Travel Documents	<input type="checkbox"/>	Police report lodged at place of incident within 24 hours and detailing the circumstances and list of items stolen
	<input type="checkbox"/>	Receipts for additional costs incurred in replacing lost travel document

Trip Cancellation/ Travel Curtailment	<input type="checkbox"/>	A copy of flight itinerary indicating the original flight details
	<input type="checkbox"/>	Booking invoice with terms and conditions, and payment receipts
	<input type="checkbox"/>	Medical Report / Death Certificate (if applicable)
	<input type="checkbox"/>	Proof of relationship (if applicable)
	<input type="checkbox"/>	Written confirmation of the refund amount from the travel agents / airline
	<input type="checkbox"/>	Invoice & receipt for charges incurred in amending or purchasing additional air ticket (for trip curtailment, if applicable)

Trip Postponement/ Replacement of Traveller	<input type="checkbox"/>	A copy of flight itinerary indicating the original flight details
	<input type="checkbox"/>	Confirmation from airlines / travel agents with regards to the change of flight details
	<input type="checkbox"/>	Receipts of the administrative charges (if applicable)
	<input type="checkbox"/>	Death Certificate, Medical Report (if applicable)
	<input type="checkbox"/>	Proof of relationship (if applicable)

Travel Delay/ Travel Diversion	<input type="checkbox"/>	A copy of flight itinerary indicating the original flight details
	<input type="checkbox"/>	A written confirmation or Report from Airline on duration of diversion or delay and reason

Travel Overbooked or Misconnected	<input type="checkbox"/>	A copy of flight itinerary indicating the original flight details
	<input type="checkbox"/>	A written confirmation from Airline confirming the overbooked or misconnected flight details and when the next alternative transportation is made available

Fraudulent Use of Lost Credit Card	<input type="checkbox"/> Police Report (to be lodged within 24 hours) <input type="checkbox"/> Loss report by credit card company (to be lodged within 6 hours) <input type="checkbox"/> Statement issued by the issuing bank showing the record of unauthorised use of credit card including date and time of notification of loss
Personal Liability	<input type="checkbox"/> Forward all correspondence & documents from third parties to us for our handling
Financial Collapse of Travel Agency	<input type="checkbox"/> Receipts of the irrecoverable travel deposits or travel fares paid in advance
Rental Car Excess Cover	<input type="checkbox"/> Copy of Car Rental Agreement & payment receipt of the rental charge <input type="checkbox"/> Copies of the driver's driving license at the time of accident <input type="checkbox"/> Copy of overseas motor insurance policy (if available) <input type="checkbox"/> Receipts of the excess paid <input type="checkbox"/> Copy of Police Report (if applicable)
Emergency Personal Mobile Phone Charges	<input type="checkbox"/> Mobile phone bill indicating the actual telephone charges incurred for the use of Your personal mobile phone whilst overseas during a medical emergency to engage the services of HSBC Life Assistance Singapore
Loss of Sports Equipment, Golf Equipment, Hole-in-one Celebration	<input type="checkbox"/> Receipt for the Loss / Damage Equipment <input type="checkbox"/> Receipt of the replace/repair receipt for the damage Equipment <input type="checkbox"/> Loss report / police report made within 24 hours (if applicable) <input type="checkbox"/> "Hole in One" certificate from the Golf Club Professional & drinks receipts to celebrate Hole-in-One
Pet Care	<input type="checkbox"/> Written confirmation from Public Transport stating the reason of delay and the details of the actual departure time <input type="checkbox"/> Written confirmation from the kennel/cattery or pet hotel stating the original and actual pick-up dates
Quarantined Allowance for Influenza A	<input type="checkbox"/> Written confirmation from the relevant health authority on the nature and period of the quarantine <input type="checkbox"/> Medical report from the attending doctor abroad / health officer
Hijacking Inconvenience	<input type="checkbox"/> A written confirmation from Airline confirming the incident and duration
Kidnap & Hostage	<input type="checkbox"/> Police Report
Home Care Benefit	<input type="checkbox"/> Photographs of damaged items <input type="checkbox"/> Receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase <input type="checkbox"/> SCDF Report (if applicable)
Study Interruption	<input type="checkbox"/> A copy of the death certificate of the family member (if applicable) <input type="checkbox"/> Proof of relationship for Death of Family member (if applicable) <input type="checkbox"/> A copy of your hospitalisation bill <input type="checkbox"/> Regular Medical Practitioner report – for Hospitalisation claims only <input type="checkbox"/> Admission/Discharge Report – For Hospitalisation claims only <input type="checkbox"/> Proof of tuition fees payment to the educational institution