redefining / standards

AXA INSURANCE SINGAPORE PTE LTD 8
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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) Mail them to AXA Office within 30days from the date of return to Singapore. 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
- ☐ Loss/ Damage of Personal Effects
- ☐ Trip Curtailment
- ☐ Others ( )
- ☐ Medical & Dental Expenses
- ☐ Baggage or Travel Delay
- ☐ Flight misconnection

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, AUTHORIZATION & 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.

[Authorization] I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Singapore Private Limited. 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 AXA Insurance Singapore Private Limited ("AXA") 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 AXA 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 AXA 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 AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.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.axa.com.sg (Claim Section) 1800 880 4714 cst@axa.sg

AXA Insurance is committed to making your claim submission simple and easy. Thank you for insuring with AXA Insurance, 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.

Type of Loss/ Damage	Documents Required (*Please tick against the documents you have submitted*)
Basic for all types	☐ Completed travel claim form ☐ Proof of travel (e.g. Boarding pass or Air tickets) ☐ Copy of Certificate of Insurance
(plus) as applicable below:	
Accidental Death, Total Permanent Disablement	☐ Medical report from the attending doctor abroad ☐ Death Certificate - *if applicable* ☐ Post Mortem Report - *if applicable* ☐ Police Report - *if applicable* ☐ Investigation report - *if applicable*
Medical expenses, Hospitalisation Allowance, Hospital Visit benefit, Compassionate Visit	☐ All original medical invoices and receipts ☐ Medical report from the attending doctor abroad ☐ Admission/Discharge Report - for Hospitalisation claims only ☐ Receipts for additional expenses claimed for additional travel & accommodation - for Hospitalisation claims only ☐ Regular Medical Practitioner report - for Hospitalisation claims only
Loss/ Damage to Baggage & Personal Effect	☐ Purchase receipts and/or warranty cards ☐ Documents stating amount of compensation from airlines or other sources (if applicable) ☐ Property Irregularity Report for losses in carriers' custody (if applicable) ☐ Photographs to show extent of damage and repair invoices (for Damage Claims) ☐ Police report / loss report lodged at the place of loss within 24hours (for Theft Claims only) ☐ List of items stolen with the information on make/model, date purchase and purchase price (Theft claims only)
Baggage Delay	☐ A copy of flight itinerary indicating the original flight details ☐ Written confirmation / acknowledgment receipt from the airline on the date and time of baggage received
Personal Money & Travel Documents	☐ Police report lodged at place of incident within 24 hours and detailing the circumstances and list of items stolen ☐ Receipts for additional costs incurred in replacing lost travel documents
Travel Delay/ Travel Diversion	☐ A copy of flight itinerary indicating the original flight details ☐ A written confirmation or Report from Airline on duration of diversion or delay and reason
Travel Overbooked or Misconnected	☐ A copy of flight itinerary indicating the original flight details ☐ A written confirmation from Airline confirming the overbooked or misconnected flight details and when the next alternative transportation is made available
Study Interruption	☐ A copy of the death certificate of the family member (if applicable) ☐ A copy of your hospitalization bill