

Tenet Insurance Company Ltd

(A member of Sampo Japan Group)
50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623
Tel: 6221 2211 Fax: 6221 3302
Company Registration No. 195700067Z <http://www.tenetinsurance.com>



TRAVEL INSURANCE CLAIM FORM - Cancellation/Rental Excess

Important Notice:

- 1 This form is issued without admission of liability.
- 2 Claims should be submitted within **thirty (30)** days after completion of the journey.
- 3 All documents provided to substantiate your claim must be **original documents**.
- 4 All medical reports must be submitted at the claimant's expense.

Agency _____ Policy / Certificate No _____

Have you notified us of this claim earlier? No Yes by email / fax / telephone call to _____

Please state any reference number assigned to you earlier: Claim no / Temporary ref no _____

GENERAL SECTION - Please complete this section

1. Insured/Claimant's Particulars

a. Name

Dr/Mr/Mrs/Ms _____

b. Address

c. NRIC / Passport Number _____ Date of Birth _____

Occupation _____

d. Residence / Business Telephone Number

(Res) _____ (O) _____ (HP) _____

2. Circumstances of Claim

a. Period of travel for this trip _____ to _____ Date of return _____

b. Date / Time of Accident/Illness

Date: _____ Time: _____

c. Please state exactly what happened (if insufficient space, please attach statement)

3. Claim History / Other Insurances

a. Have you or any Insured person ever previously sustained a loss of this nature or made any previous claim in respect of Travel Insurance? If so, please state details.

b. Is there any other insurance in force covering this loss? Yes No

If so, please state Insurance Company and Policy Number.

Insurance Company: _____ Policy Number: _____

PLEASE COMPLETE ONLY THE SECTIONS WHICH ARE RELEVANT TO YOUR CLAIM

B. TRIP CANCELLATION AND CURTAILMENT

Please attach as applicable:

- 1) Medical Report 2) Certified Original Death Certificate/Letter of Administration 3) Bills
4) Letter from Attending Doctor 5) Letter from Airline 6) Letter from Travel Agency Regarding Refunds

1a. If caused by illness, has the insured person suffered from this before? If so, please give details.

1b. Amount paid _____ Amount recovered _____
Amount claimed _____

C. Rental Vehicle Excess

Please attach as applicable:

- 1) Police Report 2) Rental Agreement/Letter/Receipt from Rental Company 3) Bills showing amount paid

1a. Amount claimed _____

D. LOSS OF HOTEL FACILITIES

Please attach as applicable: 1) Letter from Hotel 2) Bills

1a. Number of days of loss of hotel facilities _____

1b. Amount claimed _____

C. PAYMENT DETAILS (if claim falls within terms and conditions of the policy)

For GIRO payments above \$3,000 we require a Direct Credit Authorisation Form duly acknowledged by your bank.

1. Please confirm payee name if claim is payable _____

Note: If payee is different from claimant or is not listed in the policy please provide a Letter of Authorisation.

2. Tick the method of payment you prefer By Cheque By GIRO

2a. If payment is requested by GIRO, please advise bank details:

Bank / Branch: _____ Account Number: _____

Account Name: _____ I.C./Passport Number: _____

Signature of payee _____

Note: All payment(s) made to this account is based on information provided by you and the Company shall not be liable in respect of any disputes and/or loss and/or damage that may arise out of this transaction.

DECLARATION - to be signed by the Claimant

I declare that the particulars stated above are true and correct and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused.

Signature

Date

Name

NRIC Number