豐隆保險(亞洲)有限公司
HongLeong Insurance (Asia) Ltd.

eClaim
Scan the QR code to submit claim online

OVERSEAS STUDENT INSURANCE CLAIM FORM

Note: All claims must be reported to Hong Leong Insurance (Asia) Limited within 30 days after the occurrence that gives rise to the claim.

Name of Policyholder: _____ Policy No.: _____

Name of Insured Person: _____ Relation to the Policyholder: _____

Age: _____ Contact Telephone No.: _____ Email Address: _____

Overseas Study Residence Address: _____

Home Address in Hong Kong: _____

Departure Date: _____ DD _____ MM _____ YY Returning Date: _____ DD _____ MM _____ YY

Section 7, 8 & 10 – Education Fund / Study Interruption / Loss of Deposit or Cancellation of Study Trip

(a) Date of the occurrence giving rise to the cancellation/interruption of study trip: _____

(b) Place and description of the occurrence: _____

_____

_____

_____

_____

(c) Itinerary of the booked study trip: _____

(d) Period of current school term: From: _____ DD _____ MM _____ YY To: _____ DD _____ MM _____ YY

(e) Amount of deposit/tuition paid in advance for the study trip: _____

(f) To whom the deposit/tuition were paid: _____

(g) Date of payment of the deposit/tuition: _____

(h) Date of cancellation/interruption notice to the travel agent/other service provider/organization: _____

(i) Date of cancellation/interruption of the study trip: _____

(j) Amount of deposit/charges refunded due to cancellation/interruption of study trip: _____

(k) Details and amount of claim: _____

Note: Please submit all relevant documents such as police report, medical report, jury service or witness summons, booking invoice, deposit payment receipt, written confirmation of cancellation/curtailment of study trip, boarding pass or entrance and departure record of travel document, Student Visa and Student Card or relevant documentation, etc. in substantiation of the claim.

Declaration and Authorization

(1) I declare that the above information is in all respects true and correct to the best of my knowledge and belief.

(2) I acknowledge and agree that you may:
   (a) collect, use and disclose my (and my dependent's, if applicable) personal information (including but not limited to credit information and claims history) for the purposes necessary to process my application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and
   (b) transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information (collectively, "Such Persons").

(3) I further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.

(4) I authorize any Such Person or any other person or organization that has any records or knowledge of me/us or my/our health, insurance or claim history to furnish to your company or your authorized representative, any and all personal data and other information with respect to any illness or injury, medical history, insurance or claim history, consultation prescriptions or treatment and copies of all hospital, medical or other records concerning me/us or to any loss, damage, theft or other events connected with my/our insurance or claim history and copies of all relevant records. A photostat copy of this authorization shall be considered as effective and valid as the original. The issue of this claim form does not signify your acceptance of any claim.

Date: _____ Signature of Policyholder: _____