

TRAVEL 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/Certificate No.: _____
Name of Claimant: _____ Relation to the Policyholder: _____
Age: _____ Occupation: _____
Contact Telephone No.: _____ Email Address: _____
Address: _____
Period of Journey: From _____ DD _____ MM _____ YY to _____ DD _____ MM _____ YY

Section 13 (A) – Cruise Cancellation and Interruption

- (a) Departure date, time and port of the booked cruise: _____
(b) Itinerary (including excursion tour) and finish date of the booked cruise: _____
(c) Name of carrier and flight/train number of the public transport taken to travel to the cruise departure port: _____

(d) Scheduled arrival date and time of the public transport: _____
(e) Actual arrival date and time of the public transport: _____
(f) Reason for the public transport arrival delay: _____
(g) Amount of tour fare paid for the cruise (including excursion tour): _____
(h) Was the entire cruise cancelled due to late arrival at the boarding gate caused by the public transport delay: Yes No
(i) Details and amount of additional cost incurred for travelling to catch up the cruise at the next destination (if applicable): _____

(j) Actual boarding date, time and port (if applicable): _____
(k) Amount of tour fare refunded due to cancellation/curtailment of the cruise: _____
(l) Details and total amount of claim: _____

Note: Please submit all relevant documents such as boarding pass, travel itinerary, carriers written confirmation as to the duration of delay and the reason of such delay, additional traveling expenses receipt, payment receipt for the cruise journey, written confirmation issued by the cruise company regarding the refund due to cancellation/shortening of the booked cruise journey.

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 Claimant: _____