

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

Section 11 (B) – Hire Golf Equipment

- (a) Date, time and place of loss/damage of golf equipment: _____
(b) Describe the details of loss/damage occurred: _____

(c) Name and address of the golf club: _____
(d) Details of golf equipment hired: _____
(e) Amount of claim: _____

Note: Please all relevant documents such as police statement/report, property loss/damage report issued by airline or relevant organisation and list of rented golf equipment and original payment receipt.

Section 11 (C) – Loss of Green Fees (Green fees including hiring golf equipment or golf tuition fees)

- (a) If this claim is caused by an accident, please state the details of accident (including date, time, and place): _____

(b) If this claim is caused by sickness, please state the diagnosis and the date of its onset: _____

(c) Booked period: From _____ DD _____ MM _____ YY to _____ DD _____ MM _____ YY
(d) Amount of paid golf green/golf tuition fees: _____
(e) Amount of refunded golf green/golf tuition fees: _____
(f) Total amount of claim: _____

Note: Please submit documentary proof such as medical report, green fees/golf tuition fees payment receipt and written confirmation of refund from the relevant golf course/organisation.

Declaration and Authorization

- (1) I declare that the above information is in all respect true and correct to the best of my knowledge and belief.
(2) I agree that your Personal Data Policy, a copy of which is available upon request or from www.hl-insurance.com shall apply. I understand that: (a) you may use my personal data contained in this form or collected or held by you by any means from time to time for the purposes of the daily operation of the provision of insurance services, direct marketing, researching, designing services or products for me, communicating with me and/or fulfilling any obligations as required by law/regulation from time to time; (b) you may disclose my personal data to any member of the Hong Leong Group and/or any third party (in each case whether within or outside Hong Kong), for any of the above purposes and/or for the purposes of providing administrative and/or other services to you in connection with the operation of your business; (c) I have the right to request access to and the correction of my personal data so held by you. Such request shall be made to your Data Protection Officer. A reasonable fee may be charged by you for processing such request; (d) if I do not wish you to use my personal data in direct marketing or to receive any marketing materials from you, I will notify you of my opt-out in writing addressed to your Data Protection Officer.
(3) I authorize you to provide to and collect information about me (and my dependents, if any) in connection with this Claim Form from any other member of the Hong Leong group or any other organization, institution or person relevant to your business, including other insurance companies, claims investigation agencies, healthcare related entities etc., and to compare such information with my personal data, and to use the results for taking of any actions that may be adverse to my interests.
(4) I authorize any police authority, airline, travel agent, insurance company, service provider or other person or organization that has any records or knowledge of me or my claim or insurance history, to furnish to your company or your authorized representative, any and all personal data and other information with respect to any loss, damage, theft or other events connected with my claim or insurance 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: _____