



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 Driver: _____ Relation to the Policyholder: _____
Age: _____ Occupation: _____
Contact Telephone No.: _____ Email Address: _____
Address: _____
Period of Journey: From ____ DD ____ MM ____ YY to ____ DD ____ MM ____ YY

Section 12– Rental Vehicle Excess

- (a) Date, time and place of loss/damage of rental vehicle: _____
(b) Describe how the loss/damage occurred: _____

(c) Extent of damage to the rental vehicle: _____
(d) Names and addresses of any witnesses to the occurrence: _____
(e) Date and time the loss/damage was reported to the police concerned: _____
(f) Name, address and reference number of the police concerned: _____

(g) Amount of rental vehicle excess: _____
(h) Did the driver obtain the rental company's consent to drive the vehicle? Yes / No
(i) Was the driver under the influence of alcohol or drugs at the time of traffic accident? Yes / No
(j) Do you have any other insurance policies covering the rental vehicle excess? Yes / No

If yes, please provide the name of insurance company and policy no.: _____

Note: Please provide travel proof (such as e-ticket for departure and return to Hong Kong), valid driving license for local area, copy of vehicle insurance policy, copy of vehicle rental contract, rental receipt, vehicle excess payment receipt, incident report and police report/statements, etc.

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 Driver: _____