

**TRAVEL INSURANCE CLAIM FORM**

Note: All claims must be reported to Hong Leong Insurance (Asia) Limited within 30 days after returning HKSAR from the journey.

Name of Policyholder: _____ Policy/Certificate No.: _____
Name of Claimant: _____ Relation to the Policyholder: _____
Contact Telephone No.: _____ Email Address: _____
Address: _____
Period of Journey: From _____ DD _____ MM _____ YY to _____ DD _____ MM _____ YY
Country where the accident occurred: _____ City where the accident occurred: _____

Section 11 – Credit Card Misuse Protection

- (1) Date, time and place of financial loss: _____

(2) Describe how the financial loss occurred: _____

(3)

Description of unauthorized transactions	Transaction Date	Transaction Amount	Amount of Claim
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(4) Total amount of claim: _____
(5) Date and time the loss was reported to the police credit card issuer concerned: _____
(6) Name, address and reference number of the police/ credit card issuer concerned: _____

(7) Have you ever sustained a loss of similar nature during the past 3 years? ☐ Yes / ☐ No
If yes, please give details: _____
(8) Do you have any other insurance policies covering the same loss/items: ☐ Yes / ☐ No
If yes, please provide the name of insurance company and policy no.: _____

Note: Please submit all relevant documents such as police report, incident report from the credit card issuer, credit card statement in substantiation of the claim.

Declaration and Authorization

- (1) I/We declare that the above information is in all respects true and correct to the best of my/our knowledge and belief.
(2) I/We acknowledge and agree that you may:
(a) collect, use and disclose my/our (and my/our dependent's, if applicable) and the claimant's personal information (including but not limited to credit information and claims history) for the purposes necessary to process my/our 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: including, but not limited to, 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); self-regulatory or industry bodies or associations of insurance; claims investigation agencies; 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/We 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/We hereby authorize any Such Person or any other person or organization that has any records or knowledge of me/us including without limitation my/our health, insurance or claim history to furnish to your company or your authorized representative, any personal data and other information with respect to any medical history (if applicable), insurance or claim history 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.
(5) I/We declare and confirm that I am / we are duly authorized by the claimant(s) to submit this claim application to you, all information (including personal data) provided to you in this claim application relating to the claimant(s) is collected by lawful means and with the consent of the claimant(s). I/We further confirm that the claimant(s) agree to be bound by the Data Policy and consent to the use and disclosure of their personal data by you for any of the above-mentioned purposes and in accordance with the Data Policy.

Date: _____ Signature of Claimant: _____ HKID Card No.: _____

**TRAVEL INSURANCE OPTIONAL COVER 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.

Section 15 to 22 – Optional Cover (Please tick ✓ as appropriate)

- | | | |
|--|--|---|
| ☐ Enhanced Cruise Protection | ☐ Amateur Sports Protection | ☐ Overseas Event Protection |
| ☐ Pre-wedding Photo Journey and Overseas Wedding Protection | ☐ Musical Instrument Protection | ☐ Enhanced Rental Vehicle Protection |
| ☐ Overseas Study Protection | | ☐ Enhanced Pet Care |

Details of Claim

- (1) Date, time and place of incident/accident: _____
- (2) Full description of the incident/accident: _____
- (3)
- | Description of lost/damaged property/ To whom the charges were paid | Date of payment | Amount of claim |
|---|-----------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- (4) Amount of deposit/charges refunded: _____
- (5) Total amount of claim: _____
- (6) Name, address and reference number of the police/the travel agent/tour operator/carrier/service provider concerned: _____
- (7) Have you ever sustained a loss of similar nature during the past 3 years? ☐ Yes / ☐ No
If yes, please give details: _____
- (8) Do you have any other insurance policies covering the same loss/items? ☐ Yes / ☐ No
If yes, please provide the name of insurance company and policy no.: _____

Note: Please submit all relevant documents such as medical report, medical bills, police report, written confirmation of cancellation of journey, booking invoice, deposit payment receipt and relevant bills in substantiation of the claim.

Declaration and Authorization

- (1) I/We declare that the above information is in all respects true and correct to the best of my/our knowledge and belief.
- (2) I/We acknowledge and agree that you may:
- (a) collect, use and disclose my/our (and my/our dependent's, if applicable) and the claimant's personal information (including but not limited to credit information and claims history) for the purposes necessary to process my/our 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: including, but not limited to 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); self-regulatory or industry bodies or associations of insurance; claims investigation agencies; 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/We 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/We hereby authorize any Such Person or any other person or organization that has any records or knowledge of me/us including without limitation my/our health, insurance or claim history to furnish to your company or your authorized representative, any personal data and other information with respect to any medical history (if applicable), insurance or claim history 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.
- (5) I/We declare and confirm that I am / we are duly authorized by the claimant(s) to submit this claim application to you, all information (including personal data) provided to you in this claim application relating to the claimant(s) is collected by lawful means and with the consent of the claimant(s). I/We further confirm that the claimant(s) agree to be bound by the Data Policy and consent to the use and disclosure of their personal data by you for any of the above-mentioned purposes and in accordance with the Data Policy.

Date: _____ Signature of Claimant: _____ HKID Card No.: _____