



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: _____

Age: _____ Occupation: _____

Contact Telephone No.: _____ Email Address: _____

Address: _____

Period of Journey: From ____ DD ____ MM ____ YY to ____ DD ____ MM ____ YY

Section 4 – Delayed Baggage

(a) Name of carrier and flight No.: _____

(b) Destination and date and time of arrival: _____

(c) Date and time of the baggage available for collection: _____

(d) Description of essential items purchased: _____

(e) Amount of claim: _____

Note: Please submit the property irregularity report and purchase invoice in substantiation of the claim.

Section 9 – Travel Delay

(a) Name of carrier and flight No.: _____

(b) Place and scheduled date and time of departure/arrival: _____

(c) Actual date and time of departure/arrival: _____

(d) Reason for the delay: _____

(e) Amount of claim: _____

Note: Please submit boarding pass, itinerary of journey and the carriers written confirmation as to the duration of delay and the reason for such delay.

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: _____