

Claim Form

SOMPO TRAVEL PLUS

SECTION 1 – POLICYHOLDER / CLAIMANT DETAILS							
Policy / Certificate No.							
Name of Policyholder		Name of Claimant					
NRIC / Passport No.		NRIC / Passport No.					
Mobile No.		Mobile No.					
SECTION 2 – E-PAYMENT FOR PROMPT SETTLEMENT							
Name of Account Holder		NRIC / Passport No.					
Bank Account No.		Business Registration No.					
Name of Bank		E-mail Address					
Note: The settlement sum paid or credited to my/our bank account will constitute a valid and final discharge of all your obligations as insurer due to me/us.							
SECTION 3 – CLAIM AND LOSS DETAILS							
Travel Period (dd/mm/yyyy)	From		To				
Date & Time of Loss / Accident	Date	Time	Location				
Type of Loss / Accident	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Personal Accident (Death/PD) <input type="checkbox"/> Loss or Damage of Baggage or Personal Effects <input type="checkbox"/> Loss of Money or Travel Documents <input type="checkbox"/> Travel Delay <input type="checkbox"/> Travel Curtailment </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Medical Expenses / Hospital Allowance <input type="checkbox"/> Baggage Delay <input type="checkbox"/> Loss of deposit or Cancellation <input type="checkbox"/> Travel Misconnection <input type="checkbox"/> Others, please specify (.....) </td> <td style="width: 33%;"></td> </tr> </table>				<input type="checkbox"/> Personal Accident (Death/PD) <input type="checkbox"/> Loss or Damage of Baggage or Personal Effects <input type="checkbox"/> Loss of Money or Travel Documents <input type="checkbox"/> Travel Delay <input type="checkbox"/> Travel Curtailment	<input type="checkbox"/> Medical Expenses / Hospital Allowance <input type="checkbox"/> Baggage Delay <input type="checkbox"/> Loss of deposit or Cancellation <input type="checkbox"/> Travel Misconnection <input type="checkbox"/> Others, please specify (.....)	
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How the incident happened? <i>*If space is insufficient, please give details in a separate paper.</i>				Total amount claimed (MYR)			
Do you have other parties covering this loss? If yes, please provide.	Received from						
	Amount received						
DECLARATION AND AUTHORISATION							
<p>I hereby declare that to the best of my knowledge and belief, the above details/information as provided by me are true and complete and I understand that the Company reserves all rights for final evaluation as appropriate on all or any part of the claims made. If I made or shall make any false/fraudulent statements, or withhold any material facts whatsoever in respect of this claim, I shall forfeit all rights to recover from the Company.</p> <p>I authorise any hospital's doctor and/or other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A copy of this authorisation shall be considered as effective and valid as the original.</p> <p>In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority or obtained the consent to provide that information to the Company and/or its service provider, and have informed the said individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company and/or its service provider, and the individual agrees and consents, that the Company and/or its service provider may collect, use and process my/his/her personal information for the purpose as it was provided and as indicated in the Company's Privacy Notice at www.berjayasompo.com.my</p>							
Signature : _____ Name : _____ Date : _____							

THE REQUIRED SUPPORTING DOCUMENTS BY TYPE OF CLAIM	
<p>PLEASE NOTE: In certain circumstances, we may require additional information; your early response will expedite the process of your claim.</p>	
<p>COMPULSORY FOR ALL TYPES OF CLAIM <input type="checkbox"/> Duly completed Claim Form <input type="checkbox"/> Flight Itinerary</p>	
<p>PERSONAL ACCIDENT (Death / PD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical report from attending doctor abroad. <input type="checkbox"/> Death Certificate, Post Mortem Report and Police Report. 	<p>MEDICAL EXPENSES / HOSPITAL ALLOWANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical report from the attending doctor abroad. <input type="checkbox"/> Original medical invoice and receipts for all amount claimed (itemized). <input type="checkbox"/> Original receipts for additional expenses claimed for cost of burial or cremation or transporting of mortal remains. <input type="checkbox"/> Original receipts for additional expenses claimed for additional travel and accommodation.
<p>LOSS OF BAGGAGE AND / OR PERSONAL EFFECTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of receipt or credit card statement to support the value of damaged items. If not available, provide description of items (brand/model), date, place and price of purchase. <input type="checkbox"/> Police report detailing the circumstances and list of items stolen. <input type="checkbox"/> If in the custody of 3rd party i.e. carrier, transporter, hotel, etc, obtain written report from them on the incident and write official complaint holding them responsible for the loss. <input type="checkbox"/> Photographs showing the damage baggage. 	<p>LOSS OF PERSONAL MONEY / TRAVEL DOCUMENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Police report detailing the circumstances and list of items stolen. <input type="checkbox"/> Original receipts for additional costs incurred in replacing lost travel documents.
<p>BAGAGGE DELAY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Delayed Baggage report from the carrier concerned confirming the duration of delay and reasons thereof. <input type="checkbox"/> A written confirmation from the carrier concerned on the date and time of baggage delivery. 	<p>TRAVEL DELAY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written confirmation from the carrier concerned confirming the duration of delay or boarding pass. <input type="checkbox"/> Original receipt for payment of tour claiming for Section 4.4 (2).
<p>LOSS OF DEPOSIT / CANCELLATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical report, Death Certificate, proof of relation etc. as the case may be. <input type="checkbox"/> Copy of medical bills. <input type="checkbox"/> Original receipts for payment of the tour. <input type="checkbox"/> Tour operator's booking and cancellation/refund invoices, terms & conditions. 	<p>TRAVEL CURTAILMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> A written confirmation from the attending doctor abroad that it is necessary to return home. <input type="checkbox"/> Medical report, Death Certificate, proof of relation etc. as the case may be. <input type="checkbox"/> If due to hijacking or natural disaster, written confirmation from tour operator concerned confirming the incident. <input type="checkbox"/> Boarding pass to confirm the actual date of arrival back to Malaysia.
<p>TRAVEL MISCONNECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> A written confirmation from the carrier concerned confirming flight misconnection details and when is the next alternative transportation available. 	

For other types of claims, please visit www.berjayasompo.com.my for Action/Document(s) required as stated in Sompo Travel Plus Policy Wording.