

Travel Claim Form

SECTION 1 – POLICYHOLDER / CLAIMANT DETAILS					
Policy / Certificate No.					
Name of Policyholder			Name of Claimant		
NRIC / Passport No.			NRIC / Passport No.		
Mobile No.			Mobile No.		
Email Address			Email Address		
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 <i>**please refer to your Policy for the covered benefits</i>	<input type="checkbox"/> Personal Accident (Death/PD) <input type="checkbox"/> Medical, Hospital and Other Expenses <input type="checkbox"/> Travel Misconnection <input type="checkbox"/> Travel Delay <input type="checkbox"/> Loss or Damage of Personal Effects <input type="checkbox"/> Others, please specify (.....)		<input type="checkbox"/> Baggage Delay <input type="checkbox"/> Travel Curtailment <input type="checkbox"/> Loss of deposit or Cancellation <input type="checkbox"/> Loss of Money or Travel Documents <input type="checkbox"/> Loss or Damage of Baggage Please provide the Price and Year of purchase for the baggage (.....)		
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 DEPENDING ON TYPE OF CLAIM

PLEASE NOTE:

In certain circumstances, we may require additional information and documents that are not listed in this table.

COMPULSORY FOR ALL TYPES OF CLAIMS

Duly Completed and signed Claim Form

Airlines Ticket / Flight Itinerary

PERSONAL ACCIDENT (Death / PD)

- Medical report from the attending Medical Practitioner.
- Police Report.
- Death Certificate (if applicable).
- Postmortem Report (if applicable).

BAGAGGE DELAY

- Delayed Baggage report issued from the carrier.

MEDICAL, HOSPITAL & OTHER EXPENSES

- Medical report from the attending Medical Practitioner
- Original medical invoices and receipts for all amount claimed (itemized).
- Original receipts for additional expenses claimed for additional travel and accommodation.
- Original receipts for additional expenses claimed for cost of burial or cremation or transporting of mortal remains.

If the loss is related to COVID-19

- Proof of full COVID-19 vaccination
- Copy of the RTK-Ag / PCR test result

TRAVEL CURTAILMENT

- A written confirmation from the attending Medical Practitioner that it is necessary to return home.
- Medical report, Death Certificate, proof of relation etc. as the case may be.
- If due to hijacking or natural disaster, written confirmation from tour operator concerned confirming the incident.
- Boarding pass to confirm the actual date of arrival back to Malaysia/country of origin.

If the loss is related to COVID-19

- Proof of full COVID-19 vaccination
- Copy of the RTK-AG / PCR test result

LOSS OF BAGGAGE AND / OR PERSONAL EFFECTS

- Provide description of items (brand/model), year and price of purchase.
- Police report detailing the circumstances and list of items stolen.
- Property Irregularity Report from Airline or Damaged Report issued by carrier, hotel manager, stated details of loss or damage.
- Photographs showing the damaged baggage (extent of damage and brand).

LOSS OF DEPOSIT / CANCELLATION

- Medical report, Death Certificate, proof of relation etc. as the case may be.
- Copy of medical bills.
- Original receipts for payment of the tour.
- Tour operator's booking and cancellation/refund invoices, terms & conditions.

If the loss is related to COVID-19

- Proof of full COVID-19 vaccination
- Copy of the RTK-AG / PCR test result

TRAVEL DELAY

- Boarding pass.

TRAVEL MISCONNECTION

- Boarding pass.

LOSS OF PERSONAL MONEY / TRAVEL DOCUMENTS

- Police report detailing the circumstances and list of items stolen.
- Original receipts for additional costs incurred in replacing lost travel documents.

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