

Travel Insurance Claim Form

Important Notice:

- The participant/policy holder/claimant must give complete and accurate information.
- For your easy accessibility, this claim form is made available at our website www.etiga.com.my

Claim Supporting Document Checklist

Claim Type:

PA Personal Accident	ME Medical Expenses & Hospital Income	BP Baggage & Personal effects/ Personal Money & Travel Documents	FD Flight delay, Missed Connection, Baggage Delay
TCN Trip Cancellation	TCU Travel Curtailment	HI Hijacking Inconvenience	PL Personal Liability

Please furnish the supporting documents as per claim type:

Document Name	Claims Type							
	PA	ME	BP	FD	TCN	TCU	HI	PL
1. Duly completed claim form	X	X	X	X	X	X	X	
2. Medical report	X	X			X	X		
3. Death Certificate	X				X			
4. Port – Mortem Report	X							
5. Original medical invoices & receipts	X					X		
6. Police Report	X		X				X	
7. Original purchase bill/ receipts		X	X	X				
8. Photographs of damage items/ claimed			X					
9. Currency exchange slip			X					
10. Quotation of replacement item			X					
11. Written confirmation from the airline company or agents confirming the incident				X	X	X	X	
12. Property irregularity report				X			X	
13. Flight itinerary				X				

Refer to Etiga

Maybank Credit Card Details (To be completed by Automatic Travel Personal Accident customers only - kindly complete section A, B, C (for Corporate Gold Card Holders), E & H where applicable)

Credit Card No.:							
Credit Card Type:	Personal	<input type="checkbox"/>	Green	<input type="checkbox"/>	Gold	<input type="checkbox"/>	Platinum
	Corporate	<input type="checkbox"/>	Green	<input type="checkbox"/>	Gold	<input type="checkbox"/>	CBA
	Affinity	<input type="checkbox"/>	Krisflyer Gold	<input type="checkbox"/>	Others (please specify)		
Please provide your credit card statement indicating that this trip was purchase using the card.							

A. General

Claim Type: (please tick whichever is applicable)	<input type="checkbox"/> PA	<input type="checkbox"/> ME	<input type="checkbox"/> BP	<input type="checkbox"/> BD	<input type="checkbox"/> FD	<input type="checkbox"/> TCN	<input type="checkbox"/> TCU	<input type="checkbox"/> HI
Name of policy holder/ Card member's name:							Gender:	
MyKad/ Army/ Police/ Passport No.:							Occupation:	
Contact details	Phone no.	Mobile:	House:			Office:		
	Email:							
Address								
Postcode	Town	State				Country		
Bank name:						Account no.:		
Policy no.:						Travel agent (if any):		
Travel details:	Date of travel (dd/mm/yyyy):							
	From:				To:			
	Destination:							
	From:				To:			

B. Claimant Information

Name of insured person(s):		
MyKad/ Army/ Police/ Passport No.:		
Relationship to Policy Holder:	If dependent, please state name & age:	

C. Details of Accident / Illness / Medical Expenses & Hospital Income

Details of accident / onset of Illness:	Date (dd/mm/yyyy):	Time (am/pm):
Place of accident / onset of Illness:		
Details of accident / illness:		
Injuries sustained/ Cause of Death: <i>(applicable for accident only)</i>		
When the symptoms first occur? <i>(applicable for illness only)</i>	Date (dd/mm/yyyy):	Time (am/pm):
Period of hospitalization	Date of admission (dd/mm/yyyy):	Time of admission (am/pm):
	Date of discharge (dd/mm/yyyy):	Time of discharge (am/pm):
Please indicate procedure performed:		
Amount incurred:		
Name of the attending doctor:		
Name of hospital:		

D. Loss of Baggage & Personal Effects/ Personal Money & Travel Documents/ Personal Liability

Details of loss / damage:	Date (dd/mm/yyyy)	Time (am/pm)		
	Place of loss / damage			
Circumstances of loss / damage:				
Details of third party involved: <i>(applicable for personal liability only)</i>				
Did you lodge a police report?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Details of item(s) loss/ damage/ expenses incurred for clothing's & requisites:	Item (s)/ Money/ Documents	Date of purchase	Place of purchase	Amount claimed

E. Flight Delay / Missed Connection/ Baggage Delay

Scheduled flight details:	Flight no.:	Destination:
	Departure date (dd/mm/yyyy):	Departure time (am/pm):
Period of delay (for flight / baggage delay):		
Reason for delay:		
Original confirmed onward connection <i>(applicable for connecting flights only):</i>	Flight no.:	Destination:
	Departure date (dd/mm/yyyy):	Departure time (am/pm):
Alternative onward flight provided <i>(applicable for connecting flights only):</i>	Flight no.:	Destination:
	Departure date (dd/mm/yyyy):	Departure time (am/pm):

Details of expenses for which reimbursement is claimed:	Date (dd/mm/yyyy)	Name of hotel/ restaurant	Amount claimed

F. Travel Curtailment / Trip Cancellation

Date (dd/mm/yyyy):	
Reasons for cancellation/ Curtailement:	
Amount claimed:	

G. Hijacking Inconvenience

Incident details:	Date of hijack (dd/mm/yyyy):	Time of hijack (am/pm):
	Date of release (dd/mm/yyyy):	Time of release (am/pm):
Reason of hijack:		

H. Declaration

I/We declare that the above statements and particulars are correct and complete in every aspect and I/We have not concealed, misrepresented or misstated any material fact in relation to this claim. I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have been my/our Agent for the purpose of filing in this form and his statement shall be binding upon me/us. I/We hereby agree to give my/our fullest cooperation to Etiqa General Insurance Berhad or its authorized representative in relation to this claim.

Signature of Policy Holder / Claimant
Date: