

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.etiqa.com.my

Travel Curtailment

Claim Supporting Document Checklist

Claim Type:

.3

4.

5.

6.

7.

8.

9.

TCN

PΑ Personal Accident Trip Cancellation

Document Name

1. Duly completed claim form

Port - Mortem Report

Currency exchange slip

Original medical invoices & receipts

Photographs of damage items/ claimed

Original purchase bill/ receipts

Medical report

Police Report

Death Certificate

ME

TCU

Medical Expenses & Hospital Income

ВР н

ME

Χ

PΑ

Χ

Х

Х

Х

Baggage & Personal effects/ Personal Money & Travel Documents

FD

Χ

Hijacking Inconvenience

ВP

Χ

Χ

FD

TCU

Flight delay, Missed Connection, Baggage Delay

PL

Refer to Etiqa

Claims Type

TCN

Χ

Χ

Χ

PL Personal Liability

НІ

Х

Х

Please furnish the supporting documents as per claim type:

11. Writing continuation from the arbine company or agents 2. Property impainty report 2. Property report 2.	10. Qu	otation of replacement item				Х									
12. Properly imagelarly report			line company or agents				Х		Х	Х	х				
Maybank Credit Card Details (To be completed by Automatic Travel Personal Accident customers only - kindly complete section of (for Corporate Gold Card Holders), E & H where applicable) Credit Card No:: Credit Card Type: Personal Green Gold Platinum Corporate Gold 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) Name of policy holder/ Card member's name: MyKad/ Armyl Police/ Passport No.: Phone no. Mobile: House: Office: Contact details 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/ Armyl Police/ Passport No.:							Х				Х				
Credit Card No.: Fersonal Green Gold Platinum Credit Card Type: Personal Green Gold Platinum Corporate Green Gold CBA Affinity Krisflyer Gold Others (please specify) Please provide your credit card statement indicating that this trip was purchase using the card. A Ceaneral Claim Type: (please tick whichever is applicable) PA ME BP BP BP BP Gender: MyKad/ Armyl Police/ Passport No.: Mobile: House: Office: Cocupation: Police: Cocupation: Account no.: Country Travel agent (if any): Travel agent (if any): Travel agent (if any): Travel agent (if any): Destination: From: To: <td <="" colspan="2" td=""><td>13. Fli</td><td>ght itinerary</td><td></td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td>13. Fli</td> <td>ght itinerary</td> <td></td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		13. Fli	ght itinerary					Х						
Credit Card Type: Personal Green Gold Platinum Corporate Green Gold CBA Affinity Krisflyer Gold 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) PA	(for Corporate (edit Card Details Gold Card Holders), E	S (To be completed & H where applical	d by Auto ble)	omatic T	ravel Pers	sonal Acci	ident cu	stome	rs only -	kindly co	mplete	section A,		
Corporate Green Gold CBA Affinity Kristhyer Gold 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) PA	Credit Card No.:														
Affinity	Credit Card Type:		Personal			Green			Gold			Platinum			
Please provide your credit card statement indicating that this trip was purchase using the card. A. General Claim Type: (please lick whichever is applicable)			Corporate			Green			Gold			CBA			
A. General Claim Type:			Affinity		Krisflye	risflyer Gold			Others (please specify)						
PA			Please provide yo	ur credit o	card state	ement indi	cating that	this trip	was pu	ırchase u	sing the c	ard.			
PA															
MyKad/ Army/ Police/ Passport No.: Gender: MyKad/ Army/ Police/ Passport No.: Occupation: Phone no. Mobile: House: Office: 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.:			РА 🗌	ME	ВР	ВС		FD [Т	CN	ТСИ		НІ		
Phone no. Mobile: House: Office:								Gender:							
Notice Notice Notice Notice Notice Notice	MyKad/ Army/ Police/ Passport No.:						Occupation:								
Email:	Contact details	Phone no.	Mobile:			Н	House:				Office:				
Postcode Town State Country Bank name: Account no.: Policy no.: Travel agent (if any): Travel details: Date of travel (dd/mm/yyyy): To: From: Destination: From: To: B. Claimant Information Name of insured person(s): MyKad/ Army/ Police/ Passport No.: </td <td>Email:</td> <td></td> <td></td> <td></td> <td>'</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Email:				'									
Bank name: Account no.:	Address														
Bank name: Account no.:															
Policy no.: Travel agent (if any):	Postcode	T	Γown			State	Э				(Country			
Travel details: Date of travel (dd/mm/yyyy): From: Destination: From: To: Destination: From: To: B. Claimant Information Name of insured person(s): MyKad/ Army/ Police/ Passport No.:	Bank name:							Account no.:							
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Destination: From: To: B. Claimant Information Name of insured person(s): MyKad/ Army/ Police/ Passport No.:	Travel details:		Date of travel (dd/	mm/yyyy)):										
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B. Claimant Information Name of insured person(s): MyKad/ Army/ Police/ Passport No.:			Destination:												
Name of insured person(s): MyKad/ Army/ Police/ Passport No.:			From:				To:	То:							
MyKad/ Army/ Police/ Passport No.:	B. Claimar	t Information													
	Name of insured	person(s):													
Relationship to Policy Holder: If dependent, please state name & age:	MyKad/ Army/ P	olice/ Passport No.:													
	Relationship to F	Policy Holder:							If de	ependent	, please s	tate nar	ne & age:		

C. Details of Accident / Illne	ess / Medical Expenses	& Hospital Inco	me				
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: (applicable for accident only)							
When the symptoms first occur? (applicable for illness only)	Date (dd/mm/yyyy): Time (am/pm):						
Period of hospitalization	Date of admission (dd/mm/yyyy)	Time of ad	lmissior	ı (am/pm):			
	Date of discharge (dd/mm/yyyy):	Time of dis	scharge	(am/pm):			
Please indicate procedure performed:							
Amount incurred:							
Name of the attending doctor:							
Name of hospital:							
D. Loss of Baggage & Pers	onal Effects/ Personal M	loney & Travel	Documer	nts/ P	ersonal Li	ability	
Details of loss / damage:	Date (dd/mm/yyyy) Time (am/pm)						
	Place of loss / damage						
Circumstances of loss / damage:							
Details of third party involved: (applicable for personal liability only)							
Did you lodge a police report?	Yes No						
Details of item(s) loss/ damage/	Item (s)/ Money/ Documents	Date of purchase	Plac	e of pu	rchase	Amount claimed	
expenses incurred for clothing's & requisites:							
E. Flight Delay / Missed Co	nnection/ Baggage Dela	У					
Scheduled flight details:	Flight no.:		Destination: Departure time (am/pm):				
Period of delay (for flight / baggage delay):	Departure date (dd/mm/yyyy):		Departi	ure time	(am/pm):		
Reason for delay:							
Original confirmed onward connection	Flight no.:	Destina	Destination:				
(applicable for connecting flights only):	Departure date (dd/mm/yyyy):	Departu	Departure time (am/pm):				
Alternative onward flight provided (applicable for connecting flights only):	Flight no.:		Destination:				
(аррисавіе тог сопінесціпд підпіх only):	Departure date (dd/mm/yyyy):	Departi	Departure time (am/pm):				

Details of expenses for which reimbursement is claimed:	Date (dd/mm/yyyy)	Name of hotel/	Amount claimed			
reimbursement is dialined.						
F. Travel Curtailment / Trip	Cancellation					
Date (dd/mm/yyyy):						
Reasons for cancellation/ Curtailment:						
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 any material fact in relation to this claim. have been my/our Agent for the purpos cooperation to Etiqa General Insurance I	I/We agree that if such statement se of filing in this form and his st	s and particulars are written by ar tatement shall be binding upon n	y other person, such person	shall be deemed to		
Signature of Policy Holder / Claimant Date:						