



Asia Specialty Insurance Limited

Formerly known as Asia Insurance Limited (Company No: LLo8800)

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TravelSure Travel Insurance Claim Form

Policy	Insured: Cebu Air Inc. Master Policy No: CAPA01/014 Type of insurance plan purchased: _____ Date of insurance purchased: _____
Flight Details	Passenger Name Record (PNR) No.: _____ Period of travel: <i>From</i> _____ <i>To</i> _____
Insured Person	Name: _____ Age: _____ Address: _____ Post Code: _____ _____ Occupation: _____ NRIC / Passport No: _____ E-mail address: _____ Tel No: _____
Details of child if claim is for child	Name: _____ Age: _____ Gender: _____ Birth Certificate No.: _____ <i>(Please provide copy of the birth certificate)</i>
Accident / Incident / Loss	Date & Time of accident: _____ Place of accident / Country: _____ Please describe how accident occurred: _____ _____ Name and address of any witness: _____ _____ Nature and extent of injuries: _____ Place of police report made: _____ Police Report No: _____

<p>Please tick in the box the type of benefits you are claiming:-</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div> <p>Personal Accident Benefit</p> <p><input type="checkbox"/> Accidental Death</p> <p><input type="checkbox"/> Total and irrecoverable loss of sight of an eye or both eyes</p> <p><input type="checkbox"/> Permanent loss of use of one limb or both limbs</p> <p><input type="checkbox"/> Total and irrecoverable loss of sight of one eye and loss of use of one limb</p> <p><input type="checkbox"/> Permanent total disablement, other than loss of sight or limb</p> </div> </div>	<p><u>Amount Claimed</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<input style="width: 50px; height: 20px;" type="text"/>	<p>Accidental Medical Reimbursement <i>(reimbursement of medical expenses incurred due to accident or Sickness)</i></p>	<p><u>Amount Claimed</u></p> <p>_____</p>																								
<input style="width: 50px; height: 20px;" type="text"/>	<p>Emergency Medical Evacuation & Mortal Remains Repatriation <i>(in the event of accidental injury or death)</i></p>	<p>_____</p>																								
<input style="width: 50px; height: 20px;" type="text"/>	<p>Flight Cancellation <i>(Reimbursement for the cost of flight if the Insured Person has to cancel the Trip due to Insured events)</i></p>	<p>_____</p>																								
<input style="width: 50px; height: 20px;" type="text"/>	<p>Flight Curtailment <i>(Reimbursement for the return flight to Brunei if the Insured Person returns due to insured events)</i></p>	<p>_____</p>																								
<input style="width: 50px; height: 20px;" type="text"/>	<p>Flight Delay (state number of hours) <i>(Flat payment for every 6 hours period of the original departure Scheduled Flight)</i></p>	<p>_____</p>																								
<input style="width: 50px; height: 20px;" type="text"/>	<p>Missed Flight Connection (state number of hours) <i>(No onwards scheduled Flight connection available within 6 consecutive hours from the previously missed Scheduled)</i></p>	<p>_____</p>																								
<input style="width: 50px; height: 20px;" type="text"/>	<p>Common Carrier Delay <i>(flat payment for every complete 6 hour period of delay from the original departure time of the Common Carrier Scheduled)</i></p>	<p>_____</p>																								
<input style="width: 50px; height: 20px;" type="text"/>	<p>Baggage and Personal Effects <i>(cover loss or damage of check-in baggage and clothing, registered personal effects; and registered golfing equipment only)</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Description</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Date & Place Purchased</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Original Cost</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Amount Claimed</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Description</u>	<u>Date & Place Purchased</u>	<u>Original Cost</u>	<u>Amount Claimed</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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I/We hereby warrant that the above statements are true and correct and that I/We have not withheld from the Company any material information in connection with this claim. I/We further authorise the release of further medical information by the doctor should the Company require it. Any photostat copy of this authorisation shall be as effective and valid as the original.

Date: _____

Signature of Insured Person or Legal Representative: _____

Name: _____

NRIC / Passport No: _____

Relationship with Insured Person, if signed by Legal Representative: _____

Supporting Documents for TravelSure Travel Insurance Claims

Basic documents required :-

- a. Completed Claim Form
- b. Insurance Certificate
- c. Travel Itinerary

Other documents required for each of the following benefits :-

1 Medical Expenses Reimbursement

- a. Medical Bills/Invoices (original)
- b. Receipt issued by the clinic/hospital
- c. Medical Report/Diagnosis from the attending doctor

2 Flight Delay

- a. Letter from airline confirming the duration of delay and reason for the delay
- b. Boarding pass

3 Flight Misconnection

- a. Letter from airline confirming the actual time of arrival at the airport of transit and actual departure time of the connecting flight, and the reason for it
- b. Revised travel itinerary
- c. Boarding pass

4 Flight Cancellation or Curtailment

- a. Medical report/Diagnosis from the attending doctor
- b. Death Certificate if arising from death (Certified true copy)
- c. If the cause of cancellation / curtailment is due to medical condition or death of an immediate family member, to provide Proof of relationship, e.g. Birth certificate or Marriage certificate, etc. (Certified true copy)

5 Other Common Carrier Delay

- a. Booking invoice
- b. Pre-booked Travel itinerary
- c. Letter from the common carrier confirming the duration of delay and reason for the delay

6 Baggage or Personal Effects Loss

- a. Property Irregularity Report issued by airline
- b. Letter from airline confirming the loss and their offer of compensation (discharge voucher)
- c. Purchase receipts for the items claimed and description of the items, if not shown and, the translation, if not in English

7 Baggage or Personal Effects Damage

- a. Property Irregularity Report issued by airline
- b. Letter from airline confirming the damage and their offer of compensation
- c. Photographs depicting the damage
- d. Quotation or original receipt for repair
- e. Purchase receipt for the items claimed

8 Personal Accident Benefit

- a. Police report obtained at the place of accident & official translation of the report, if the report is not in English
- b. Medical Report/Diagnosis from the attending doctor
- c. For death claim, to provide Death Certificate, Post Mortem Report and Letter of Administration (Certified true copy of each)

9 Emergency Medical Evacuation & Repatriation

- a. Arranged by Asia Assistance Network
- b. Please contact their 24-hour hotline +603 7628 3630 (reverse charge call applies)