



អាស៊ីអារ៉ា អ៊ុនស៊ុរ៉ង់ (ខេមបូឌា)

ASIA INSURANCE (CAMBODIA) PLC.

A Member of Asia Insurance Group

（東 亞  
埔 洲  
寨 保  
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**TRAVELSURE TRAVEL INSURANCE – CAMBODIA CLAIM FORM**

Name of Insured:

Passport No.:

Telephone No. :

Fax. No. :

Email address :

Address:

Type of Insurance Plan :

Travelsure – One Way Plan

Travelsure – Return Plan

Flight Details

Passenger Name Record (PNR) No. :

Period of travel :

from:

to:

Accident / Incident / Loss

Date & Time of Accident :

Place of Accident / Country :

Please describe how accident occurred :

Did you report this accident to the Police or Airline ?  Yes

No

If yes, please provide the followings:

Police Station/Name & Address of Airline:

Police / Airline Report No.:

Date of Report & Time:

Please select the appropriate Section of your claim

Personal Accident

Accidental & Sickness  
Medical Expenses

Flight Cancellation

Flight Delay

Baggage and Personal Effects

Baggage Delay

Emergency Medical  
Evacuation & Mortal  
Mortal Repatriation

Missed Flight  
Connection

Common Carrier Delay

Flight Curtailment

**Declaration**

1. I/We declare that to the best of my/our knowledge and belief the foregoing answers are true.
2. I/We understand that I/we have the right to obtain access and request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made to the Data Protection Officer of the Company.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Basic documents required (Applicable to all sections)

1. Claim Form      2. Insurance Certificate      3. AirTicket and Boarding Pass

	Coverage	Documents Required
<input type="checkbox"/>	Personal Accident	<ul style="list-style-type: none"> <li>• Medical Reports/Diagnosis from attending doctor</li> <li>• Police Report</li> <li>• Accident report of CEBU Airline</li> <li>• Death Certificate, Post Mortem Report and Letter of Administration</li> </ul>
<input type="checkbox"/>	Accidental & Sickness Medical Expenses	<ul style="list-style-type: none"> <li>• Medical Report/Diagnosis from attending doctor</li> <li>• Medical bills showing expenses and diagnosis</li> <li>• Police Report (if applicable)</li> </ul>
<input type="checkbox"/>	Emergency Medical Expenses	<ul style="list-style-type: none"> <li>• Arranged by “AA International Inc.</li> </ul>
<input type="checkbox"/>	Flight Cancellation/ Flight Curtailment	<ul style="list-style-type: none"> <li>• Death Certificate of Insured Person</li> <li>• Proof of relationship of Insured Person and his immediate family member</li> <li>• Confirmation from CEBU Airline of the non refundable air-fare and expenses</li> </ul>
<input type="checkbox"/>	Flight Delay	<ul style="list-style-type: none"> <li>• Letter from CEBU Airline confirming duration of delay from departure time and reasons for the delay</li> </ul>
<input type="checkbox"/>	Other Common Carrier Delay	<ul style="list-style-type: none"> <li>• Air Ticket</li> <li>• Letter from CEBU Airline Common Carrier confirming duration of delay from departure time and reasons for the delay</li> </ul>
<input type="checkbox"/>	Baggage or Personal Effects	<ul style="list-style-type: none"> <li>• Accident report from Common Carrier</li> <li>• Property irregularity report issued by AirAsia or other Common Carriers</li> <li>• Letter from CEBU Airline confirming damage and their offers of compensation</li> <li>• Purchase receipt(s) and photo(s) for items claimed</li> </ul>
<input type="checkbox"/>	Missed Flight Connection	<ul style="list-style-type: none"> <li>• Letter from CEBU 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</li> <li>• Copy of new or revised travel itinerary and pre-booked travel itinerary</li> </ul>
<input type="checkbox"/>	Baggage Delay	<ul style="list-style-type: none"> <li>• Letter from CEBU Airline confirming the delay/ Property Irregularity Report Letter from airline confirming date and time of recovery</li> <li>• Delivery note from courier company clearly stating date and time of delivery</li> </ul>