



Asia Specialty Insurance Limited

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

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TravelSure Travel Insurance Claim Form

Policy	Airline: Cebu Air Inc Policy Certificate Number: _____ Type of insurance plan purchased: _____ Date of insurance purchased: _____	Master Policy No: HKTIPA01/0418 One Way Plan <input type="checkbox"/> Master Policy No: HKTIPA02/0418 Return Plan <input type="checkbox"/> <i>(Please tick in the box)</i>
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Flight Details	Passenger Name Record (PNR) No : _____ Scheduled First Departure Date : _____ Flight No : _____ Scheduled Return Date : _____ Flight No : _____
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Insured Person	Name: _____ Age: _____ Address: _____ _____ _____ Post Code: _____ Occupation: _____ NRIC / Passport No: _____ E-mail address: _____ Tel No: _____
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Details of child if claim is for child	Name: _____ Age: _____ Gender: _____ Birth Certificate No.: _____ <i>(Please provide copy of the birth certificate)</i>
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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: _____ Are there any other insurance policies covering you for this incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please specify name of insurer, policy number and amount recoverable.
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<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 type="checkbox"/> </div> <div> <p>Personal Accident Benefit</p> <input type="checkbox"/> Accidental Death <input type="checkbox"/> Total and irrecoverable loss of sight of an eye or both eyes <input type="checkbox"/> Permanent loss of use of one limb or both limbs <input type="checkbox"/> Total and irrecoverable loss of sight of one eye and loss of use of one limb <input type="checkbox"/> Permanent total disablement, other than loss of sight or limb <input type="checkbox"/> Disappearance </div> </div>	<p><u>Amount Claimed</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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TRAVEL INCONVENIENCE

Amount Claimed

Flight Cancellation

(Reimbursement for original ticket cost if the Insured Person has to cancel the trip due to Insured events)

Flight Curtailment

(Reimbursement for returning ticket cost to Hong Kong if Insured Person returns due to Insured events)

Baggage and Personal Effects

(Cover loss or damage to baggage, clothing, personal effects of Insured Person)

<u>Description</u>	<u>Date & Place Purchase</u>	<u>Original Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please enclose original purchase receipts or other proof of purchase)

Baggage Delay

Baggage collection date : _____ Place : _____

Time : _____ am/pm

(Please enclose acknowledgement receipt on date and time baggage received)

Flight Delay (state number of hours)

(For every 6 consecutive hours of delay from the original departure time of scheduled flight)

Other Common Carrier Delay (state number of hours.....)

(For every 6 consecutive hours of delay from original departure time of scheduled common carrier)

Flight Misconnection (state number of hours)

(No onwards connecting flight available within 6 hours from the missed scheduled flight due to delay of Cebu Air Inc.)

Compassionate Visit

<u>Date & Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

**Loss of Personal Money/Travel Documents/
Expenses incurred arising from Loss of Travel Documents**

<u>Date & Description of Loss</u>	<u>Type of Documents</u>	<u>Loss Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

		<u>Amount Claimed</u>
<input style="width: 50px; height: 20px;" type="text"/>	Accidental & Sickness Medical Reimbursement <i>(Reimbursement expenses for medical expenses incurred due to accident & sickness only during trip)</i>	<hr style="width: 80%; margin: 0 auto;"/>
<input style="width: 50px; height: 20px;" type="text"/>	Emergency Medical Evacuation & Mortar Remains Repatriation - (Return Plan) <i>(In the event of accidental injury or death)</i>	<hr style="width: 80%; margin: 0 auto;"/>
<input style="width: 50px; height: 20px;" type="text"/>	Coverage for Accompanying Infant <i>(For one (1) infant who is named in the confirmation slip)</i>	<hr style="width: 80%; margin: 0 auto;"/>

CLAIMANT'S BANK DETAILS

Claimant Name as per bank account : _____

Bank Account No: _____

Bank Name: _____

Bank branch / address : _____

Swift code : _____

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

The following checklist will help you assemble the documents required to support your claim

Please note:

- i) Dependent upon the circumstances, we may require other evidence to support your claim; in which case we will contact you.
- ii) Failure to provide the supporting documents may result in a delay of your claim.
- iii) Please provide translation if the supporting document is not in English, at your own expense.

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. Original Medical Bills/Invoices
- b. Original Receipt issued by the clinic/hospital
- c. Original Medical Report/Diagnosis from the attending doctor

2 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

3 Flight Cancellation or Curtailment

- a. Travel agency/airline confirmation on the cost of non-refundable prepaid travelling expenses
- b. Original Medical report/Diagnosis from the attending doctor
- c. Death Certificate if arising from death (Certified true copy)
- d. 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)
- e. Proof of Hospitalization
- f. Confirmation of date and time, the duration and reasons of delay from relevant public transportation authorities

4 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

5 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

6 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 of damaged items
- d. Original repair bill (damaged items) / purchase receipts or warranty card of lost/damaged items

7 Baggage Delay

- a. Boarding pass as proof of departure or return
- b. Letter from Airline confirming the length of delay (Property Irregularity Report)
- c. Baggage Delivery Form

8 Personal Accident Benefit (Death and TPD)

- a. Police report obtained at the place of accident & official translation of the report, if the report is not in English
- b. Original Medical Report/Diagnosis from the attending doctor
- c. Photograph of Injury
- d. For death claim, to provide Death Certificate, burial permit and post mortem report where applicable (Certified true copy of each)

9 Emergency Medical Evacuation & Repatriation

(in the event of an accident injury or death)

- a. Original bill and receipts by ambulance operator/hospital
- b. Original medical report from the treating doctor

Supporting Documents for TravelSure Travel Insurance Claims - Continued

The following checklist will help you assemble the documents required to support your claim

Please note:

- i) Dependent upon the circumstances, we may require other evidence to support your claim; in which case we will contact you.
- ii) Failure to provide the supporting documents may result in a delay of your claim.
- iii) Please provide translation if the supporting document is not in English, at your own expense.

Basic documents required :-

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

Other documents required for each of the following benefits :-

10 Loss of Personal Money/Travel Documents

- a. Boarding pass as proof of departure or return
- b. Copy of report filled with the Airlines / Airport or Police at place of loss within 24 hours
- c. Original receipts and proof of payment for all emergency expenses
- d. Receipt of expenses paid to get replacement travel documents

11 Personal Accident Benefit (Disappearance)

- a. Court Order presuming insured's Death in the event of disappearance
- b. Police Report
- c. Undertaking Letter stating that Claimant shall refund paid sum to the Company if the Insured Person is subsequently found to be living

12 Compassionate Visit

- a. Letter from Doctor recommending a care taker
- b. Receipt of Accommodation
- c. Economy Air ticket/Rail Rransport with details of travel dates and payment