



TRAVEL INSURANCE CLAIM FORM (CREDIT CARD)
BORANG TUNTUTAN INSURAN PERJALANAN (KAD KREDIT)

A. INSURED PERSON / PARTICIPANT INFORMATION / MAKLUMAT PEMILIK INSURAN / PESERTA		
Cardmember's name : <i>Nama Pemegang Kad :</i>	Occupation : <i>Pekerjaan :</i>	Sex/Age : <i>Jantina/Umur:</i>
Cardmember's NRIC/ Passport No : <i>No. K/P/Pasport Pemegang Kad :</i>		
Card No. (Credit/Charge) : <i>No. Kad (Kredit/Caj) :</i>		
Maybank A/C No : <i>No. Akaun Maybank :</i>		
Type of Card (please tick where is applicable) / <i>Jenis Kad (Sila tanda yang berkenaan)</i>		
- Personal Card / <i>Kad Peribadi</i>	<input type="checkbox"/> Green	<input type="checkbox"/> Gold <input type="checkbox"/> Platinum
- Corporate Card / <i>Kad Korporat</i>	<input type="checkbox"/> Green	<input type="checkbox"/> Gold <input type="checkbox"/> CBA
- Affinity Card / <i>Kad Affiniti</i>	<input type="checkbox"/> Krisflyer Gold	<input type="checkbox"/> Others :
Telephone Number : <i>Nombor Telefon :</i>	Office / Pejabat : Home / Rumah : Handphone / Telefon Bimbit :	
Address : <i>Alamat :</i>		
E-mail address / <i>Alamat E-mel :</i>		
CLAIMANT'S INFORMATION / MAKLUMAT PENUNTUT		
Name(s) of Insured Person (s) / Participant (s) claiming compensation / benefit / Nama Peserta yang menuntut:		
Claimant / <i>Penuntut :</i>	Spouse/ <i>Suami/Isteri :</i>	
Dependent Children/ <i>Anak :</i>		
B. MISSED CONNECTION / FLIGHT DELAY / KELEWATAN / KETINGGALAN PENERBANGAN		
a. Scheduled flight no. / departure airport/time/date: <i>No. penerbangan / tempat berlepas/waktu dan tarikh :</i>		
b. Number of hours delay (for flight delay) : <i>Masa kelewatan / Penangguhan (untuk penerbangan sahaja) :</i>		
c. Original confirmed onward connecting flight no. / destination / time / date : <i>Pengesahan asal untuk penerbangan seterusnya / destinasi / waktu / tarikh :</i>		
d. Flight no. of alternative onward flight provided / destination / time / date : <i>No. penerbangan tambahan / destinasi / waktu / tarikh :</i>		
e. Details of expenses for which reimbursement is claimed / <i>Butir-butir perbelanjaan yang dituntut :</i>		
Name of hotel/restaurant / <i>Nama hotel /restoran :</i>	Date/ <i>Tarikh :</i>	Amount/ <i>Jumlah :</i>
f. Reason(s) for missed connection/flight delay : <i>Sebab-sebab kelewatan/penangguhan penerbangan :</i>		

C. LUGGAGE DELAY / LOSS / KEHILANGAN / KELEWATAN BAGASI	
a. Flight No. / No. penerbangan :	Departure airport : Tempat berlepas :
b. Destination / Perjalanan :	Arrival time / date : Waktu ketibaan / tarikh :
c. Date/time luggage eventually collected (if applicable) : Tarikh/masa pengambilan bagasi (jika berkenaan) :	
d. Details of expenses for which reimbursement is claimed / Butir-butir perbelanjaan yang dituntut : Items purchased : (as per bill attached) Amount / Jumlah : Date/ Tarikh :	
D. MEDICAL EXPENSES BENEFIT (Applicable only for Corporate Gold Card Holders) / FAEDAH PERUBATAN (Hanya untuk Pemegang kad "Corporate Gold" sahaja)	
a. Name of claimant / Nama penuntut :	
b. Date and place of accident/illness : Tarikh dan tempat kemalangan/penyakit :	
c. Nature of accident/ illness : Jenis kemalangan/penyakit :	
d. Name and address of hospital/doctor : Nama dan alamat hospital/doktor :	
e. Amount incurred : Jumlah yang dikenakan :	Date : Tarikh :
E. DECLARATION AND AUTHORISATION / AKUAN DAN SURAT KEBENARAN	
<p>1. I declare that the above information is true and complete to the best of my knowledge and belief. <i>Saya mengaku bahawa keterangan-keterangan di atas adalah benar dan betul</i></p> <p>2. I hereby authorise any Doctor or any other persons who has ever medically attended the insured person/participants, or any hospital in which he or she has been treated to disclose any relevant knowledge or information which they have acquired to Mayban General Assurance Berhad or their Authorised Representative. <i>Dengan ini, saya memberi kuasa kepada pihak doktor atau hospital yang pernah merawat Pemegang Insuran/ Peserta dan penuntut untuk memberi sebarang maklumat kepada Mayban General Assurance Berhad atau pihak-pihak yang mewakilinya.</i></p>	
_____	_____
Date / Tarikh	Signature of Claimant / Tandatangan Penuntut

Documents required / Dokumen yang diperlukan :

- 1) Property Irregularity Report/ Laporan Kehilangan atau Kelewatan barang.
- 2) Airline Boarding Pass (if available)/ Pas Berlepas Sistem Penerbangan (sekiranya ada)
- 3) Sales draft or statement of purchase ticket/ Resit belian tiket penerbangan
- 4) Airline ticket (if available)/ Tiket penerbangan (sekiranya ada)
- 5) Sales draft for purchase made/ Resit untuk belian barang keperluan
- 6) Statement of credit card amount/ Penyata kad kredit

Claims Department, Non-Life Operations

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Ahli Kumpulan

