

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.etiga.com.my

Claim Supporting Document Checklist

Claim Type:

| | | | |
|------------------------------|--|---|--|
| PA Personal Accident | ME Medical Expenses & Hospital Income | BP Baggage & Personal effects/ Personal Money & Travel Documents | FD Flight delay, Missed Connection, Baggage Delay |
| TCN Trip Cancellation | TCU Travel Curtailment | HI Hijacking Inconvenience | PL Personal Liability |

Please furnish the supporting documents as per claim type:

| Document Name | Claims Type | | | | | | | |
|---|-------------|----|----|----|-----|-----|----|----|
| | PA | ME | BP | FD | TCN | TCU | HI | PL |
| 1. Duly completed claim form | X | X | X | X | X | X | X | |
| 2. Medical report | X | X | | | X | X | | |
| 3. Death Certificate | X | | | | X | | | |
| 4. Post – Mortem Report | X | | | | | | | |
| 5. Original medical invoices & receipts | X | | | | | X | | |
| 6. Police Report | X | | X | | | | X | |
| 7. Original purchase bill/ receipts | | X | X | X | | | | |
| 8. Photographs of damage items/ claimed | | | X | | | | | |
| 9. Currency exchange slip | | | X | | | | | |
| 10. Quotation of replacement item | | | X | | | | | |
| 11. Written confirmation from the airline company or agents confirming the incident | | | | X | X | X | X | |
| 12. Property irregularity report | | | | X | | | X | |
| 13. Flight itinerary | | | | X | | | | |

Refer to Etiga

Maybank Credit Card Details (To be completed by Automatic Travel Personal Accident customers only - kindly complete section A, B, C (for Corporate Gold Card Holders), E & H where applicable)

| | | | | | | | |
|--|-----------|--------------------------|----------------|--------------------------|-------------------------|--------------------------|----------|
| Credit Card No.: | | | | | | | |
| Credit Card Type: | Personal | <input type="checkbox"/> | Green | <input type="checkbox"/> | Gold | <input type="checkbox"/> | Platinum |
| | Corporate | <input type="checkbox"/> | Green | <input type="checkbox"/> | Gold | <input type="checkbox"/> | CBA |
| | Affinity | <input type="checkbox"/> | Krisflyer Gold | <input type="checkbox"/> | Others (please specify) | | |
| Please provide your credit card statement indicating that this trip was purchase using the card. | | | | | | | |

A. General

| | | | | | | | |
|---|---|---------|--------|--|-------------|--|--|
| Claim Type: <i>(please tick whichever is applicable)</i> | <input type="checkbox"/> PA <input type="checkbox"/> ME <input type="checkbox"/> BP <input type="checkbox"/> BD <input type="checkbox"/> FD <input type="checkbox"/> TCN <input type="checkbox"/> TCU <input type="checkbox"/> HI | | | | | | |
| Name of policy holder/ Card member's name: | | | | | Gender: | | |
| MyKad/ Army/ Police/ Passport No.: | | | | | Occupation: | | |
| Contact details | Phone no. | Mobile: | House: | | Office: | | |
| | Email: | | | | | | |

| | | | | | | | |
|----------|------|-------|--|--|---------|--|--|
| 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.: | | | | | | | |
| Relationship to Policy Holder: | | | | | | | If dependent, please state name & age: |

C. Details of Accident / Illness / Medical Expenses & Hospital Income

| | | |
|--|---------------------------------|----------------------------|
| 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: <i>(applicable for accident only)</i> | | |
| When the symptoms first occur? <i>(applicable for illness only)</i> | Date (dd/mm/yyyy): | Time (am/pm): |
| Period of hospitalization | Date of admission (dd/mm/yyyy): | Time of admission (am/pm): |
| | Date of discharge (dd/mm/yyyy): | Time of discharge (am/pm): |
| Please indicate procedure performed: | | |
| Amount incurred: | | |
| Name of the attending doctor: | | |
| Name of hospital: | | |

D. Loss of Baggage & Personal Effects/ Personal Money & Travel Documents/ Personal Liability

| Details of loss / damage: | Date (dd/mm/yyyy) | Time (am/pm) | | |
|---|------------------------------|-----------------------------|-------------------|----------------|
| | Place of loss / damage | | | |
| Circumstances of loss / damage: | | | | |
| Details of third party involved: <i>(applicable for personal liability only)</i> | | | | |
| Did you lodge a police report? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Details of item(s) loss/ damage/ expenses incurred for clothing's & requisites: | Item (s)/ Money/ Documents | Date of purchase | Place of purchase | Amount claimed |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

E. Flight Delay / Missed Connection/ Baggage Delay

| | | |
|--|------------------------------|-------------------------|
| Scheduled flight details: | Flight no.: | Destination: |
| | Departure date (dd/mm/yyyy): | Departure time (am/pm): |
| Period of delay (for flight / baggage delay): | | |
| Reason for delay: | | |
| Original confirmed onward connection <i>(applicable for connecting flights only):</i> | Flight no.: | Destination: |
| | Departure date (dd/mm/yyyy): | Departure time (am/pm): |
| Alternative onward flight provided <i>(applicable for connecting flights only):</i> | Flight no.: | Destination: |
| | Departure date (dd/mm/yyyy): | Departure time (am/pm): |

| Details of expenses for which reimbursement is claimed: | Date (dd/mm/yyyy) | Name of hotel/ restaurant | Amount claimed |
|---|-------------------|---------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

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 and particulars are correct and complete in every aspect and I/We have not concealed, misrepresented or misstated any material fact in relation to this claim. I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have been my/our Agent for the purpose of filing in this form and his statement shall be binding upon me/us. I/We hereby agree to give my/our fullest cooperation to Etiqa General Insurance Berhad or its authorized representative in relation to this claim.

Signature of Policy Holder / Claimant
Date: