

AirAsia GoInsure Travel Protection - Claim Form

<p>Policy</p>	<p>Insured: _____ Master Policy No: DTPSHQ09-01</p> <p>Type of insurance plan purchased: _____</p> <p>Date insurance purchased: _____</p>																								
<p>Flight details</p>	<p>Passenger Name Record (PNR) No.: _____ Period of travel: <i>from:</i> _____ <i>to:</i> _____</p>																								
<p>Insured Person</p>	<p>Name: _____ Age: _____</p> <p>Address: _____ Post Code: _____</p> <p>Occupation: _____ NRIC/Passport No: _____</p> <p>E-mail address: _____ Tel No: _____</p>																								
<p>Details of child if claim is for child</p>	<p>Name: _____ Age: _____</p> <p>Gender: _____ Birth Certificate No.: _____ <i>(Please provide copy of the birth certificate)</i></p>																								
<p>Accident / Incident / Loss</p>	<p>Date & Time of accident: _____ Place of accident/Country: _____</p> <p>Please describe how accident occurred: _____ _____ _____</p> <p>Name and address of any witness: _____ _____</p> <p>Nature and extent of injuries: _____</p> <p>Place of police report made: _____ Police Report No: _____</p>																								
<p>Please tick in the box the type of benefits you are claiming:-</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;"><u>Amount Claimed</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="233 1543 1193 1771"> <table border="0"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Personal Accident Benefit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Accidental Death</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total and irrecoverable loss of sight of an eye or both eyes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Permanent loss of use of one limb or both limbs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total and irrecoverable loss of sight of one eye and loss of use of one limb</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Permanent total disablement, other than loss of sight or limb</td> </tr> </table> </td> <td style="text-align: center; vertical-align: top;"> _____ _____ _____ _____ _____ </td> </tr> <tr> <td data-bbox="233 1771 1193 1856"> <table border="0"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Medical and Evacuation Expenses</td> </tr> </table> </td> <td style="text-align: center; vertical-align: top;"> _____ _____ </td> </tr> <tr> <td data-bbox="233 1856 1193 1986"> <table border="0"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Accidental Medical Reimbursement <i>(reimbursement for medical expenses incurred due to accident only while traveling overseas)</i></td> </tr> </table> </td> <td style="text-align: center; vertical-align: top;"> _____ _____ </td> </tr> </tbody> </table>			<u>Amount Claimed</u>	<table border="0"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Personal Accident Benefit</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Accidental Death</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total and irrecoverable loss of sight of an eye or both eyes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Permanent loss of use of one limb or both limbs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Total and irrecoverable loss of sight of one eye and loss of use of one limb</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Permanent total disablement, other than loss of sight or limb</td> </tr> </table>	<input type="checkbox"/>	Personal Accident Benefit	<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	_____ _____ _____ _____ _____	<table border="0"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Medical and Evacuation Expenses</td> </tr> </table>	<input type="checkbox"/>	Medical and Evacuation Expenses	_____ _____	<table border="0"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Accidental Medical Reimbursement <i>(reimbursement for medical expenses incurred due to accident only while traveling overseas)</i></td> </tr> </table>	<input type="checkbox"/>	Accidental Medical Reimbursement <i>(reimbursement for medical expenses incurred due to accident only while traveling overseas)</i>	_____ _____
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<input style="width: 50px; height: 20px;" type="text"/>	<p>Emergency Medical Evacuation & Repatriation <i>(in the event of accidental injury or death)</i></p>	<u>Amount Claimed</u> _____																				
<input style="width: 50px; height: 20px;" type="text"/>	<p>Flight Cancellation <i>(reimbursement for cost of flight if you must cancel an insured trip for covered reasons)</i></p>	_____																				
<input style="width: 50px; height: 20px;" type="text"/>	<p>Trip Curtailment <i>(reimbursement for returning flight if you must return home for covered reasons)</i></p>	_____																				
<input style="width: 50px; height: 20px;" type="text"/>	<p>On Time Guarantee <i>(airfare reimbursement for more than 2 consecutive hours of delay calculating from original scheduled departure flight time)</i></p>	_____																				
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<input style="width: 50px; height: 20px;" type="text"/>	<p>Public Transport Delay <i>(flat payment for every complete 6 hour period of delay in scheduled public transport)</i></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 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: _____

Claim Supporting Documents Guide for AirAsia Golnsure Travel Protection claims

Basic documents required (original) :-

- a. Completed Claim Form
- b. A copy of flight itinerary
- c. Insurance Certificate
- d. Air Ticket & Boarding Pass

Other documents (original unless stated) and information required for each of the following benefits of claim :-

1 Medical Expenses

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

2 Flight Delay or On Time Guarantee

- a. Letter from airline confirming the duration of delay from the departure time and reasons for the delay

3 Flight Cancellation or Curtailment

- a. Medical report/Diagnosis from the attending doctor
- b. Death Certificate if arising from death (Original or Certified true copy)
- c. If the cause of cancellation / interruption 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)

4 Public Transport Delay

- a. Booking invoice
- b. Pre-booked Travel itinerary
- c. Letter from the common carrier confirming the duration of delay from the departure time and reasons 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
- c. Purchase receipts for the items claimed and description of the items, if not shown and, the translation, if not in English
- d. A copy of Police Report if the baggage or personal effects is taken by force or coercion by another person

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 depicting the damage
- d. Quotation or receipt for repair
- e. Purchase receipt for the items claimed

7 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)

8 Emergency Medical Assistance

- a. Please contact 24-hour hotline +65 6836 7616