

## Claim Form - Travel Insurance

**Important Notice:** To enable us to process your claim, please submit the duly completed claim form with supporting documents in original as listed in the subsequent section. We reserve the right to request for additional information. All medical reports must be submitted at the claimant's expense. Please mail the claim form and all correspondence to:

**Travel Claims Department  
ERGO Insurance Pte. Ltd.**

5 Temasek Boulevard,  
#04-05 Suntec Tower Five,  
Singapore 038985

24-hour Emergency Hot-line: (+65) 6238 9909

Claims Service: (+65) 6829 9195 (Monday - Friday, excluding public holidays: 8.30 AM to 5.30 PM)

Claims Fax: (+65) 6829 9247

Claims Email: [claims@ergo.com.sg](mailto:claims@ergo.com.sg)

Please complete appropriate sections of this claim form based on the claim type with relevant information requested as accurate as possible. Information under General Section is mandatory irrespective of claim type.

The issue and acceptance of this form does NOT constitute an admission of liability by ERGO Insurance Pte. Ltd. or waiver of its rights.

### General Section

Name of Policyholder:		Name of Claimant: (if it differs from the policyholder)		Insurance Policy Number:	
Policyholder / Claimant's Address:		Payee's Name: (if it differs from the policyholder or claimant, please enclose authorization letter & proof of relationship)		Nationality:	
				NRIC / FIN / Passport Number:	
Occupation:		Date of Birth: DD / MM / YYYY <input type="text"/>		Sex:	
Telephone Number:		Mobile Number:		Email Address:	
Travel companion(s) is/are insured? Yes <input type="checkbox"/> No <input type="checkbox"/>		If insured with ERGO please share the insured name and policy numbers:			
GST Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>		Registration Number:		Purpose of trip: Business <input type="checkbox"/> Vacation <input type="checkbox"/>	
Location of incident, loss or illness:		Date of booking the trip: DD / MM / YYYY <input type="text"/>	Date of departure: DD / MM / YYYY <input type="text"/>		Date of return: DD / MM / YYYY <input type="text"/>
Provide a detailed description of the incident, loss, accident or illness (continue on a separate sheet if necessary):					
Do you have any other insurance policies that may provide coverage for you for this event? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you made a claim for this loss to any other insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, please provide the claim reference number:		
Insurer Address:		Insurer Name:			
		Policy Number:			
		Contact Number:			
Have you made any previous claims on a travel insurance policy or other policy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the details:					
Was ERGO Emergency Hotline contacted for assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> If yes, please specify case / reference number:					
Important: In the event of emergency such as hospitalisation or evacuation services, or in the event of any need to return to Singapore early, you are requested to contact ERGO Emergency Hotline.					

## Declaration & Authorization

**[Declaration]** I/we declare that the particulars stated above are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused.

**[Authorization]** Where applicable, I/we hereby authorize any hospital, clinic, physician or any other person to disclose all information including copies of all hospital or medical records on the patient when requested by ERGO Insurance Pte. Ltd. (ERGO). I have noted that any illness, injury, consultations, medical history, prescriptions or treatment the medical report fee incurred will be borne by me. A copy of this authorization shall be considered as effective and valid as the original.

**[Personal Data Protection Statement]** I/we understand, acknowledge, agree and consent that:

- a. ERGO Insurance Pte. Ltd. (ERGO) may/will collect, use, disclose and/or process my/our personal data set out in this form and any other information provided by me or possessed by ERGO for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/or managing of my relationship and policies with ERGO. This includes among other things policy servicing, processing, investigating, handling, administering and/or settling my/our claim with ERGO or other insurers;
- b. ERGO may/will disclose and transfer my/our personal data to third parties, including but not limited to its affiliates, representatives, agents and third party service providers, lawyers/law firms, whether located within or outside Singapore, for one or more of the above purposes, and the said third parties may/will subsequently collect, use, disclose and/or process my/our personal data for or more of the above purposes;
- c. The personal data protection clauses herein are not exhaustive. I/we have read, understood and accept the terms of ERGO's Personal Data Protection Policy at <http://www.ergo.com.sg/pdpa>;

If I/we provide personal data of a third party (e.g. information of insured persons, beneficiaries, beneficial owners, dependents, customers, payees and/or employees) to ERGO, I/we represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information.

Date DD / MM / YYYY <input type="text"/>	Date DD / MM / YYYY <input type="text"/>
Name of Claimant:	Name of Policyholder:
NRIC / FIN:	NRIC / FIN:
Signature of Claimant:	Signature of Policyholder - For minor and group policy: (Please provide Company Stamp for corporate policy)
Primary Contact Number:	Primary Contact Number:
Email Address:	Email Address:

## Document Checklist

Submit the claim form with the following relevant documents to facilitate the processing of your application. Please note that we reserve our right to request for any other supporting documents, which we deem necessary.

Claim Type	Relevant Documents (in original)	Checklist (please tick)
For All Type of Claims	1) Copy of your passport / travel documents showing your booking dates, departure dates and return dates to enable us to validate your trip and policy entitlements.	<input type="checkbox"/>
For Medical Expenses and Supplementary Expenses	1) Original medical bills and receipts / invoices please assign number to the receipts / invoices and put that number in the column headed receipt number while filling the claim form.	<input type="checkbox"/>
	2) Original bills and receipts / invoices for amount claimed for additional travelling and accommodation expenses. Supplementary accommodation and travel should have been pre-approved by ERGO Emergency Hotline before costs were incurred. If you have not taken preauthorization for these costs then you must submit an explanation.	<input type="checkbox"/>
	3) Medical Report / Inpatient Discharge Summary detailing the diagnosis and treatment received.	<input type="checkbox"/>
	4) Original phone bills (for Emergency Telephone Expenses benefit only).	<input type="checkbox"/>
For Personal Accident Benefits	1) Death Certificate, if applicable.	<input type="checkbox"/>
	2) Autopsy and Toxicology Report, if applicable.	<input type="checkbox"/>
	3) Medical Specialist Report on sustained Permanent Disability.	<input type="checkbox"/>
	4) Motor Accident report / police report & findings for road traffic accidents only.	<input type="checkbox"/>
	5) Copy of grant of probate (if there is a Will) / letters of administration (in Intestacy).	<input type="checkbox"/>
	6) Child's birth certificate (for Child Education Protection Benefit).	<input type="checkbox"/>
For Reimbursement of Cancellation / Postponement / Curtailment	1) Accommodation and tour booking invoices showing your booking dates, departure dates and return dates and amount paid to enable us to validate your trip and policy entitlements.	<input type="checkbox"/>
	2) Cancellation invoices for each portion of your trip / holiday. For example flights, accommodation and tours. These cancellation invoices should show the portion of the trip / holiday cancelled or not used and detailing the amount you have been charged for cancelling or confirming no refund has been provided. Your trip booking agent / travel agent may be in a position to provide you with these cancellation invoices for insurance purposes.	<input type="checkbox"/>
	3) The enclosed medical certificate completed by the registered General Practitioner / Specialist of the individual whose medical condition has given rise to this claim.	<input type="checkbox"/>
	4) Copy of the death certificate (for cancellation / postponement / curtailment due to death).	<input type="checkbox"/>
	5) Copy of grant of probate / letters of administration (if the deceased was an insured person).	<input type="checkbox"/>
	6) Proof of relationship to Insured.	<input type="checkbox"/>
	7) Original booking invoice, proof of deposit and documents showing proof of insolvency of tour agent in Singapore (for cancellation due to insolvency).	<input type="checkbox"/>
	8) Written evidence / explanation of the incident or circumstances that have resulted in the submission of your claim if the cancellation, curtailment or postponement of your trip happened for a reason other than those mentioned above.	<input type="checkbox"/>
For Loss of Passport and Travel Documents, Theft of Money	1) Receipts for travel, accommodation expenses incurred in obtaining a replacement passport or travel document.	<input type="checkbox"/>
	2) Receipts issued from the consulate for the replacement / temporary passports.	<input type="checkbox"/>
	3) A police report, tour operators / hotel / representative report, crime reference number filed within 24 hours of occurrence.	<input type="checkbox"/>
	4) If your cards were lost or stolen, please provide written confirmation from your card issuer showing the date you advised them of the loss or theft (for Fraudulent Credit Card Usage benefit).	<input type="checkbox"/>
	5) Bank letter to policyholder advising outcome of their investigation on disputed transactions.	<input type="checkbox"/>
For Loss / Theft / Damage of Personal Items	1) A police report, tour operators / hotel / representative report, crime reference number filed within 24 hours of occurrence.	<input type="checkbox"/>
	2) If the claim is for property lost, stolen or damaged whilst in the custody of a carrier please send used travel tickets and/or baggage tags, airline Property Irregularity Report (PIR) and any correspondence from the customer services unit of the airline acknowledging the loss or offering reimbursement.	<input type="checkbox"/>
	3) Proof of ownership / purchase in the form of original receipts for all the items claimed. In the absence of receipts, instruction manuals, packaging, bank statements or photographs will be considered.	<input type="checkbox"/>
	4) Written confirmation stating the item/s cannot be economically repaired or repair estimate from a reputable retailer alternatively you can send the damaged items to us at your own cost for our inspection.	<input type="checkbox"/>
For Travel Delay / Travel Misconnection / Flight Diversion / Flight Overbooking	1) Written confirmation from the airline or transport carrier of the cause and length of the delay you experienced.	<input type="checkbox"/>
	2) Copy of itinerary supplied (if any).	<input type="checkbox"/>
	3) Air ticket, transport and boarding pass.	<input type="checkbox"/>
For Baggage Claims	1) The Property Irregularity Report (PIR) from the Airline along with acknowledgement receipt of baggage received.	<input type="checkbox"/>
	2) Air ticket or boarding pass(es) and acknowledgement receipt of baggage received. Note: If an airline was in possession of your baggage when the loss occurred, please ensure that you contact them directly to report the incident.	<input type="checkbox"/>
For Personal Liability Abroad & Rental Vehicle Access	1) Witness or third party details involved in the incident.	<input type="checkbox"/>
	2) Details of any solicitor you have instructed (please note we are able to provide legal representation on your behalf).	<input type="checkbox"/>
	3) All correspondence received from any 3rd party or their representatives.	<input type="checkbox"/>
	4) Photographs of Damage.	<input type="checkbox"/>
	5) A copy of rental vehicle agreement and repair invoice (applicable for Rental Vehicle Excess Claim).	<input type="checkbox"/>
	6) Related police report, if available. Note: Document(s) in foreign language except in the local working language, ie. English is to be translated at your own expense before submitting. Do not admit any liability or make any offer, promise or payment without our prior consent.	<input type="checkbox"/>
For Credit Card Indemnity	1) Police Report / results.	<input type="checkbox"/>
	2) Loss report by credit card company.	<input type="checkbox"/>
	3) Copy of statement issued by the issuing bank showing the record of unauthorized use of credit card including date and time of notification of loss.	<input type="checkbox"/>
Home Protection	1) Photographs of Damage.	<input type="checkbox"/>
	2) Police report / results.	<input type="checkbox"/>
	3) Original invoices / purchase receipt of items.	<input type="checkbox"/>
	4) Quotation for repair / replacement.	<input type="checkbox"/>



## Medical Certificate

(To be completed by the registered General Practitioner (GP) or Specialist of the person whose illness / injury / death has caused the claim.)

Name of the patient:		
Identification Number / Passport Number:	How long have you been to the patients GP / Specialist?	
Please give a detailed description of the illness or injury:		
Emergence date of symptoms: DD / MM / YYYY <input type="text"/>	Date first consulted: DD / MM / YYYY <input type="text"/>	Date of diagnosis: DD / MM / YYYY <input type="text"/>
Summary of Diagnosis:		
Any previous medical history relevant to the above condition:		
Aware of the medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Undergoing any tests or waiting for results of any tests? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Given a terminal diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the above illness / Injury due to any underlying condition? Yes <input type="checkbox"/> No <input type="checkbox"/>		
When would patient be fit to travel again?		
Please provide the patient's state of health at the time the trip was booked:		
Declaration by Doctor / GP / Specialist I have examined the patient and / or referred to their medical records and declare that the information given is correct and no relevant details have been withheld.		
Name of Doctor / GP / Specialist:	Establishment Stamp:	
Contact Number:		
Date Signed:	Signature:	

## Non Medical Claims

### Trip Cancellation / Trip Postponement / Trip Curtailment

Please select the benefit of the policy you are making the claim under: Cancellation <input type="checkbox"/> Postponement <input type="checkbox"/> Curtailment <input type="checkbox"/>			Reason for cancellation / postponement / curtailment: Death <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Non-Medical <input type="checkbox"/>			
Please provide additional details on reason of cancellation / postponement / curtailment:						
Was the cancellation / postponement / curtailment of your trip because of a relative who is not travelling with you or your travelling companion? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes: Relative <input type="checkbox"/> Travel Companion <input type="checkbox"/>						
Name of the companion / Relative:			Your Relationship with the Relative:			
Date you became aware of the need to cancel / postpone / curtail your trip: DD / MM / YYYY <input type="text"/>						
Date you informed your carrier / travel agent / tour operator: DD / MM / YYYY <input type="text"/>						
Please provide the name, address and contact number of your Treating doctor if you need to cancel / postpone / curtail your trip on medical grounds, including death:						
Details of trip costs, refunds due or paid and additional expenses incurred:						
Item	Amount	Currency	Exchange rate	Refund, Due or Paid	Supplementary Expenses	Total
Total Amount						
Was a third party involved?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide their name, address and contact number:			Details of third party's lawyer:			

### Trip Delay / Trip Misconnection / Flight Overbooking / Flight Diversion

Please select the benefit of the policy you are making the claim under: Trip Delay <input type="checkbox"/> Trip Misconnection <input type="checkbox"/> Flight Overbooking <input type="checkbox"/> Flight Diversion <input type="checkbox"/>						
Original Flight Details:				Actual flight details:		
Departure Date & Time: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>		Arrival Date & Time: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>		Departure Date & Time: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>		Arrival Date & Time: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>
Airline:		Airline:		Airline:		Airline:
Actual Date and Time of Arrival at Connecting Point (Airport, Ferry Terminal etc.): DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>			Length of Delay: Days      Hours <input type="text"/> <input type="text"/>		Amount recovered / payable from other sources:	
Cause of delay as described by the tour operator, airline, cruise liner, railway etc.:						

### Baggage Delay

Date and time of your arrival: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>		Date and time you received your luggage: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>		Length of Delay: Days      Hours <input type="text"/> <input type="text"/>	
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**Personal Liability Overseas / Rental Vehicle Excess & Return**

**Please note:** In no circumstances should the issue of legal liability be admitted to any third party claimant(s). Please enclose letters / writs / summons from third party / Police / Court.

Location of incident:	Date and time of incident: DD / MM / YYYY    HH : MM <input type="text"/> <input type="text"/>	Was the accident due to carelessness, or negligence on your part?
Description of the incident:		
Have you in any way admitted liability? Yes <input type="checkbox"/> No <input type="checkbox"/>	To which Police Officer and Police Station (if any) did you report the incident?	
Names and addresses of the other party(s):	Nature of personal injury sustained by any person:	
Extent of damage to property belonging to other party(s):	Whether any claim has been made upon you. Yes <input type="checkbox"/> No <input type="checkbox"/>  If so, was the amount of such claim specified?	
Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you:	Have you instructed solicitors to represent you at this time? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, please provide the name and contact number of solicitors:	
Period of Hire: From DD / MM / YYYY    to    DD / MM / YYYY <input type="text"/> <input type="text"/>	Date and Time the vehicle is returned: DD / MM / YYYY    HH : MM <input type="text"/> <input type="text"/>	
Reason of late return (if applicable):	Amount Claimed:	

**Compassionate Visit / Child Transfer / Hospital Visitation**

Period of Hospitalization: From DD / MM / YYYY    to    DD / MM / YYYY <input type="text"/> <input type="text"/>	Reason for additional travel and accommodation expenses? Death <input type="checkbox"/> Serious Sickness / Injury <input type="checkbox"/>			
Please state their name and relationship to you:				
Name:				
Relationship:				
Details of accommodation expenses and additional travel expenses:				
Item	Type of expense (accommodation / supplementary, Others please specify)	Date of Expense	Currency	Amount
Total Expense				



**Home Protection**

Location of incident:	Date and time of incident: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>	Was the accident due to carelessness, or negligence on your part?
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Description of the incident:

Is there other insurance covering the property concerned? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide the insurance company and policy reference number:
	Insurance Company:
	Policy Name:
	Policy Number:

Details of item(s) lost or damaged:

Item Description (including Make and Model)	Purchase Date	Purchase Price	Amount Claimed

**Kidnap & Hostage / Hijack / Golfers Cover / Pet Care / Credit Card Indemnity / Emergency Telephone Charges**

Location of incident:	Date and time of incident: DD / MM / YYYY      HH : MM <input type="text"/> <input type="text"/>
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Description of the incident:

If the above claim is caused by illness / injury / death of the person, a medical certificate in the format given on page 5 completed by the registered General Practitioner (GP) or Specialist of the person will have to be submitted along with the above details.