

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,
#04-01 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

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.					

