



Travel Insurance Claim Form

Important Notice:

- The participant/policy holder/claimant must give complete and accurate information.
- For your convenience, this claim form is made available at our website: www.etiqa.com.my

Claim Supporting Document Checklist

Claim Type:

<input type="checkbox"/> PA Personal Accident	<input type="checkbox"/> ME Medical Expenses & Hospital Income	<input type="checkbox"/> BP Baggage & Personal effects/ Personal Money & Travel Documents	<input type="checkbox"/> FD Flight delay, Missed Connection, Baggage Delay
<input type="checkbox"/> TCN Trip Cancellation	<input type="checkbox"/> TCU Travel Curtailment	<input type="checkbox"/> HI Hijacking Inconvenience	<input type="checkbox"/> PL Personal Liability

Please furnish the supporting documents as per claim type:

Document Name	Claims Type								PL
	PA	ME	BP	FD	TCN	TCU	HI	PL	
1. Duly completed claim form	X	X	X	X	X	X	X	X	Refer to Etiqa
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					

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:	Home:		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:			
Travel details:	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 did 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 Insurance Berhad / Etiqa Takaful Berhad or its authorized representative in relation to this claim.

Signature of Policy Holder / Claimant

Date: