



Singapore Airlines Claim Form

IMPORTANT NOTE: Please answer all questions contained in this claim form as leaving items blank, using ticks, dashes and N/A may make it necessary for us to return your claim forms or lead us to ask more questions thus delaying the processing of your claim.

To enable us to process your claim, please return the duly completed claim form with supporting documents as listed in the subsequent section. We reserve the right to request for additional information.

Please direct the claim form and all correspondence to:

Claim Department

PT AIG Insurance Indonesia

Indonesia Stock Exchange Building Tower 2, Floor 3A JI Jend Sudirman Kav 52-53 Jakarta 12190

Tel: +62 800 124 8888

Fax: +6221 52914889

Email: singaporeair_id@aig.com

The acceptance of this Form is NOT an admission of liability on the part of PT AIG Insurance Indonesia ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Any information collected or held by the Company whether contained in the Application / Proposal or Claim Form or otherwise obtained in any other manner, may be used and disclosed to Our associated individuals / companies or any independent third parties (within or outside Indonesia) for any matters related to your claim and to communicate with You for any purpose.

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

CLAIM TYPES	CLAIM DOCUMENTS	TYPE OF DOCUMENTS		
		Original	Legalized Copy	Copy
All Claims	Claim Form (signed by Insured and or Treating Doctor for medical related claims)	v	-	-
	Ticket and Boarding Pass / Itinerary (showing booking, departure and return dates)	v	v	v
	Passport	-	-	v
Medical Expenses	Medical Receipt and Details	v	-	-
	Medical Report / Inpatient Discharge Summary signed by Treating Doctor	v	v	v
	Diagnostic and or laboratory results	v	v	v
Personal Accident	Death Certificate	v	v	-
	Medical Report / Inpatient Discharge Summary signed by Treating Doctor	v	v	v
	Autopsy / Toxicology Report	v	v	-
	Police Report and findings on the alleged accident	v	v	-
Reimbursement of Cancellation / Postponement/ Curtailment	Receipt of tour fare / ticket / accommodation	v	-	-
	Refund confirmation from travel agent / airlines / hotel	v	v	v
	Medical Report / Inpatient Discharge Summary and or Medical History with supporting diagnostic, laboratory results, details medical treatment	v	v	v
	Death Certificate	v	v	v
	Proof of Relationship to insured	-	v	v
Travel Delay	Written confirmation from Airlines or Transport Carrier for the Cause of event with length of delay	v	v	v
Baggage Delay	The Airline Property Irregularity Report (PIR)	v	v	v
	Baggage Delivery Receipt	v	v	v
Loss of Travel Documents	Receipt for travel, accommodation expenses incurred in obtaining a replacement passport / travel documents	v	-	-
	Receipt issued from Consulate for the replacement / temporary passport	v	-	-
Loss / Theft/Damage of Personal Effect	Police / Hotel / Airlines Report and findings on the alleged damage / loss	v	v	v
	Proof of Ownership (Purchase Receipt, etc)	v	-	-
	Photos of damage items	v	-	v

General Information

Policy No. :		Singapore Airlines Booking Ref No:	
Name of Insured : (Full Name as written in Passport/ID)		Name of Claimant (if differs from Insured) : (Full Name as written in Passport / ID)	
Date of Birth :		Date of Birth :	
Sex : <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex : <input type="checkbox"/> Female <input type="checkbox"/> Male	
Citizenship : <input type="checkbox"/> US Citizen <input type="checkbox"/> Non US Social Security No, (For US Citizen) :		Relationship with insured	
Telephone : Mobile Phone : Email Address :		Telephone : Mobile Phone : Email Address :	
Correspondence Address <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others : Address :		Correspondence Address : <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other Addresss :	

Place where accident, loss or illness occurred :		
Date of booking of trip:	Departure date:	Return date:
Provide a detailed description of the incident, loss, accident or illness (continue on a separate sheet if necessary):		

Bank Account Details (if the claim is eligible and complete document received)
Payee Name :
Bank Name :
Account Number :
Swift Code (For Foreign Currency Account) :

If you have any other insurance policies that may provide coverage for you for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you made a claim for this loss to any other insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the claim reference number:	Insurer name:
Policy Number:	Insurer Address:
Contact number:	
Have you made any previous claims on a travel insurance policy or other policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the details :	

Declarations

I declare that to the best of my knowledge and belief that the above particulars are true and accurate. If I made or shall make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim, the Policy shall be void and I shall forfeit all rights to recover therein. I authorise any hospital doctor, other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, any and all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

_____	_____
Date	Signed here (Claimant)
_____	_____
Date	Signed here (Policyholder)