



Non-Medical

Cancellation / Postponement / Curtailment (Please attach documents from airline/ travel agent)

1. 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"/>	2.1. Please provide further details on reason of cancellation / postponement / curtailment:			
2. Reason for cancellation / postponement / curtailment Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Non-Medical <input type="checkbox"/>				
3. Did you need to cancel / postpone / curtail your trip because of a relative who is not travelling with you or because of a travelling companion ? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3.1 Please indicate which : Relative <input type="checkbox"/> Travelling Companion <input type="checkbox"/> Please advise their name: _____ If a Relative, please advise their Relationship to you: _____				
4. Date you became aware of the need to cancel / postpone / curtail your trip: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>				
5. Date you informed your carrier/travel agent/tour operator: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>				
Please answer Question 6, if you need to cancel / postpone / curtail your trip on medical grounds, including death.				
6. Name, address and contact number of your usual doctor:				
7. Details of trip costs, refunds due or paid and additional expenses incurred (continue on a separate sheet if necessary)				
Item	Amount	Refund Due or Paid	Additional Expenses (for Curtailment)	Total
Ticket costs				
Accommodation costs				
Pre-paid excursion / hire car				
Others, please specify				
Total amount claimed				
8. Was a third party involved? Yes <input type="checkbox"/> No <input type="checkbox"/>		8.1 If yes, please provide their name :		
8.2 Address of the third party :		8.3 Third party contact number :		
8.4 Details of third party's insurer or solicitor :				

Travel Delay (Please attach letter from airline and Boarding Pass)

1. Original flight details	Departure Date & Time: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value=""/>	Arrival Date & Time: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value=""/>
2. Actual flight details	Departure Date & Time: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Arrival Date & Time: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
3. Actual arrival of incoming connecting carrier from airport / ferry port, etc (For travel misconnection only)	Date: <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>	Time: <input type="text" value=""/>
4. Length of delay (hours and minutes)		
5. Please state the reason provided by the tour operator, airline, cruise company, rail company etc for the cause of delay		
6. Is there any compensation received or payable by the carrier Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please state amount received or payable :		

Baggage Delay (Please attach Boarding Pass, Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from airline)

1. Date and time of your arrival in destination airport : <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value=""/>	2. Date and time you received your luggage : <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value=""/>
3. Length of delay (hours and minutes)	

Medical Certificate (for Travel Cancellation, Postponement, Curtailment)

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

Note:

- Any charges made for its completion is the responsibility of the patient or claimant.
- To assist us in expediting the claim, please answer all questions.
- All information is treated as private and confidential

1. Name of the patient:			
2. Identification No./ Passport No.:		3. How long have you been the patient's GP / Specialist?	
4. Give a full description of the illness or injury that caused the cancellation / postponement / curtailment. If caused by an injury, please advise how it happened:			
5. Onset date of symptoms:	6. Date first consulted:	7. Diagnosis:	8. Date of diagnosis:
9. In date order, please advise any previous medical history relevant to the above condition:			
10. At the time the journey was booked was the patient:		If yes, please provide further details	
10.1 On a hospital waiting list		Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.2 Taking any medication relevant to the above condition		Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.3 Undergoing any tests or waiting for results of any tests		Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.4 Aware of the condition		Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.5 Given a terminal diagnosis		Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.6 Is the above illness / Injury due to any underlying condition?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.7 Under the influence of any alcohol or drugs which may have contributed to the accident or illness.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. When did it become apparent that the travel arrangements should be cancelled / postponed / curtailed?		12. What date did you advise there was a need to cancel / postpone / curtail the travel arrangement?	
13. When would patient be fit to travel again?		14. Please provide the patient's state of health at the time the holiday was purchased:	
Doctor's Declaration 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:		Company Stamp	
Contact Number:			
Signature:			
Date Signed:			

Personal Effects, Baggage and Travel Documents (Please furnish Incident Report & original purchase receipts)

1. When and where did the loss / theft / damage occur?	2. Date and time the loss / theft / damage was discovered <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">/ /</div> <div style="border: 1px solid black; padding: 2px 10px;">:</div> </div>
3. To whom the incident was reported (e.g.: police, airline, cruise company, etc)	4. Date and time reported <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">/ /</div> <div style="border: 1px solid black; padding: 2px 10px;">:</div> </div>
5. Were your items in the custody of the airline? Yes <input type="checkbox"/> No <input type="checkbox"/>	5.1 Airline customer service number:
5.2 Did you receive any compensation from the airline / cruise company etc? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.3 If yes, please provide details on the compensation or cash settlement amount received :	
6. Please provide details on the circumstances surrounding the incident and the precautions taken to protect your property :	
7. Where were the items located at the time of the loss, theft or damage?	
8. Any actions taken to attempt the recovery of your property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on the actions taken.	8.1 If no, please provide details for not attempting recovery:

Details of damaged, stolen, destroyed or lost personal effects (continue on a separate sheet if necessary). Please provide full details of each item claimed for. (For cameras, include the make and model number, lens details etc. For jewellery include nature and quality of metal content, type of stone etc.). Purchase receipts, valuations or other documentation to substantiate ownership should be provided whenever possible.

Description of item	Owner's Name	Place of Purchase	Date Purchased	Purchase Method	Purchase Price

Details of stolen cash	
Currency	Amount

Loss of travel documents claims only					
Please detail the expenses you incurred in obtaining a replacement passport or travel document (continue on a separate sheet if necessary).					
Owner's Name	Replacement Cost	Description	Date	Cost	Currency
		Travel			
		Accommodation			
		Additional expenses			
		Total expenses			

Others

1. Please provide details which caused you to claim under the above circumstances and amount claimed : (continue on a separate sheet if necessary)