

INSURANCE CLAIM FORM

This purpose of this document is to help you complete your insurance claim.

Please read the instructions below and carefully follow them, this will enable us to complete the assessment of your claim much faster.

This first page is for your information only. You do not need to submit this page with your claim.

To enable us to assess your claim:

- You must provide all of your personal details including your policy number, full name and email address.
- You must provide a copy of your passport, and the passport of those who are claiming.
- You must provide your bank account details for payment purposes.
- You must list the total amount (in money) of your claim.
- Only complete the section(s) that apply to your claim.
- Please ensure that the entire section is completed.
- If you are claiming more than one policy benefit, please complete each section as required.
- If you do not have enough space to write and require more, please attach a letter with the additional information.
- Each section requires specific documents, these are listed under the section heading. Please submit all of these documents with your claim form.
- If you are claiming for Luggage and Personal Effects, please ensure that you supply original receipts or other suitable proof of ownership
- If you are unable to supply one of the required documents, please explain why so that we may consider how to progress with your claim.

If any of the above information is missing we may not be able to assess your claim.

Once all of the above is completed, please sign the claim form, attach your required/ additional documents and submit everything together. If your documents are sent separately they may get lost, resulting in a delay assessing your claim.

Please send the completed claim form and/or any additional documents to support your claim to:

Etiqa Insurance Berhad
c/o Cover-More Asia Pte. Ltd.
Suite 2A-23-1, Block 2A, Level 23
Plaza Sentral
Jalan Stesen Sentral 5
KL Sentral
50470 KL
Malaysia

If you have any questions or you are unsure of anything, please contact our call centre staff via email MHinsure-claims@covermore.com.my or the telephone number supplied with your policy wording.

INSURANCE CLAIM FORM

To accurately complete this claim form:

- Please read the claim form carefully
- Complete ALL steps.
- Use CAPITAL letters.
- For your records, keep a copy of every document that you submit.
- If required we may request the submission of original receipts, reports or other documentation.
- Documents in a foreign language are required to be translated into English at your own expense.
- Please refer to the specified documentation requirements for each section.

Please note:

- As each claim is different, further information (beyond that stated on the claim form) may be requested.
- **Please include a photocopy or scan of the ID page of your current, valid passport.**
- Please supply a copy of your certificate of insurance.
- If any part of the claim is found to be fraudulent, your claim will be denied and may be referred to the appropriate authorities.

PERSONAL DETAILS

- Insurance policy number: _____
- Name of policy holder (as per the certificate of insurance) please underline your family/ last name:
 Mr Mrs Miss Ms Dr _____ Date of Birth: ____/____/____
- Name of the person making the claim. Please underline your family/ last name:
 Mr Mrs Miss Ms Dr _____ Date of Birth: ____/____/____
- Home address: _____ Postcode: _____
- Home telephone: _____ Mobile telephone: _____
- Email address (please write clearly as all correspondence will be sent to this address): _____
- Travel destination: _____
- Did you pay for your travel arrangements using a credit card? Yes No If yes, please complete the following:
 Credit card provider (e.g. Maybank) _____ Card type (e.g. Visa): _____
 Card Status: Gold Silver Other: _____
- Do you have travel insurance coverage under your credit card? Yes No
 If yes, have you made a claim against this? Yes No
- Is there any other insurance covering this loss, such as home and contents, medical or car insurance?
 If yes, please provide details including policy number: _____

CLAIM INFORMATION

In this section you will be required to complete the circumstances of your claim. Please tick the section that you are claiming.

- 1. Overseas Medical and Dental Expenses Claim
- 2. Luggage and Personal Effects Claim
- 3. Travel or Baggage Delay / Flight Misconnection
- 4. Cancellation Claim
- 5. Other

Section 1: Overseas Medical and Dental Expenses Claim

Please provide all of the following documents relating to your claim:

- Itemised receipts/ accounts including the costs incurred and a description of each cost.
- Any and all medical reports including full details of the illness/ injury.
- Please complete the attached medical certificate (last page).
- Unless it is considered a minor event we cannot process your claim without a completed medical certificate.
- **We may still require additional documents/ information. If so, we will specifically request them.**

1. Name of the patient who incurred illness/injury: _____

2. The patient's relationship to the policy holder: _____

3. Nature of the illness/injury: _____

4. Date the illness/injury first occurred: ___/___/___

5. How did the illness/injury occur? _____

6. Has the patient person suffered from the same/ similar illness/injury before? () Yes () No

If yes, please provide details including dates: _____

7. Name and phone number of patient's usual Doctor: _____

8. Country of treatment _____

Please list each receipt/bill separately in the table below:

Name of Doctor/ Hospital	Treatment	Date of Treatment	Amount Charged	Paid?
<i>e.g. Dr Tran</i>	<i>e.g. Consultation</i>	<i>e.g. 15/15/2012</i>	<i>e.g. 500 MYR</i>	<i>Yes</i>

Costs will be converted to your relevant currency using the exchange rate from the date the costs were incurred.

Section 2: Luggage and Personal Effects Claim

Please provide all of the following documents relating to your claim:

- Receipts or other proof of ownership for the claimed items.
- If you are claiming for a damaged item, please supply a quotation for the repair.
- A loss report from the relevant authority you reported the loss to: e.g. Police Report, Hotel, or Airline
- If applicable, a letter from the carrier outlining any compensation paid to you.
- Your travel tickets and baggage tags.

1. Date of Incident: ___/___/___ 2. Time: _____ 3. Location & country: _____

4. Please describe what occurred (attach a separate piece of paper if you need more space): _____

5. Have you sought or received any compensation? If yes, please provide details of the payer and the amount: _____

6. Did you report the event to the police? () Yes () No If yes, please attach the police report

7. Please complete the below schedule in full:

Item	Purchase Date	Place of Purchase	Amount Paid	Amount Claimed
<i>e.g. Camera</i>	<i>e.g. 22/11/2012</i>	<i>e.g. Kuala Lumpur</i>	<i>e.g. 1500 MYR</i>	<i>e.g. 1400 MYR</i>

Section 3: Travel Delay or Baggage Delay or Flight Misconnection

Please provide all of the following documents relating to your claim:

- Written advice from the airline confirming the duration and reason for delay.
- Please advise if you have received any compensation from the airline including travel, food or accommodation.
- Any communication received from the airline relating to the delay.
- If you are claiming for Luggage delay, please ensure that you supply original receipts or other suitable proof of purchase of necessary, reasonable essential clothing and toiletries.

Original Flight Details	Delayed Flight/ Luggage Details
Date of departure:	Date of departure/ returned luggage:
Time of departure:	Time of departure/ returned luggage:
Place of departure:	Place of departure:
Flight number(s):	Flight number(s):
Airline(s):	Airline(s):

Other information (if needed):

Section 4: Cancellation Claim

Please provide all of the following documents relating to your claim:

- A letter from your travel agent confirming all cancellation costs.
- A letter from your travel agent confirming total amount paid and total amount that has been/ will be refunded.
- The terms and conditions for all of your travel arrangements.
- Any and all documentation that supports the reason for your cancellation.
- If your travel was cancelled due to a death, a copy of the death certificate.

1. Date you cancelled/ adjusted your trip: ___/___/___

2. Date of the incident that caused the cancellation/ adjustment: ___/___/___

3. Was this due to a medical reason? () Yes () No

If yes, please have the Doctor who recommended cancellation complete the attached medical certificate (last page).

4. (If applicable) Name of person who was ill/ injured: _____

5. Description of illness/injury: _____

6. Has the ill/injured person suffered from the same/ similar illness/ injury in the past? () Yes () No

7. Date you booked your trip: ___/___/___ 8. Date you cancelled your trip: ___/___/___

9. Further details of why you cancelled/ adjusted your trip: _____

10. Please list each item in the table below:

Description	Purchase Date	Place of Purchase	Amount Paid Less Refunds	Amount Claimed
<i>e.g. Flights</i>	<i>e.g. 22/11/2012</i>	<i>e.g. Kuala Lumpur</i>	<i>e.g. 500 - 100</i>	<i>e.g. 400 MYR</i>

Section 5: Other (Any Other Reason for Claiming)

Please provide all of the following documents relating to your claim:

- Every document relevant to the cause of the claim, which would be needed to complete the assessment.
- Please provide as much information as possible, including any supplemental letters or receipts etc.

In detail please describe the event that resulted in this claim. If there is not enough room in the space provided, please attach a separate piece of paper.

Please confirm amounts paid and any key dates: _____

CLAIM FORM SUBMISSION

I/We confirm that this claim form has been completed in full and all available, required information is attached.

I/We confirm that the information given is true and that no information has been withheld.

I/We acknowledge that this claim will be declined if any part is false, intentionally inaccurate or withheld.

I/We acknowledge that if this claim is fraudulent, it will be reported to the relevant authorities.

I/We consent to the collection, use and disclosure of personal information for the purpose of completing this claim.

Name (PLEASE PRINT): _____

Signature: _____ Date: _____

PAYMENT DETAILS

All payments for accepted claims will be deposited directly to your bank account. If your bank details are not provided we will not be able to issue a payment to you.

Bank Name: _____

Bank Address: _____

Bank SWIFT Code: _____

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary phone number: _____

Account No: _____

Please send the completed claim form and/or any additional documents to support your claim to:

Etiqa Insurance Berhad

c/o Cover-More Asia Pte. Ltd.

Suite 2A-23-1, Block 2A, Level 23

Plaza Sentral

Jalan Stesen Sentral 5

KL Sentral

50470 KL

Malaysia

MEDICAL CERTIFICATE

Please have this form completed by the patient's usual Doctor for all claims resulting from accident, illness or death. The cost of completing this certificate is the responsibility of the policy holder.

Name of the patient: _____ Date of Birth: ___/___/___

Please complete the certificate in capital letters providing as much information as possible. We thank you in advance for your assistance.

- 1. Are you the patient's usual Doctor? _____
2. If not, do you have access to their medical records? _____

Please only complete question 3 or 4. The claimant will indicate which question is applicable.

- 3. Cancellation or adjustment of travel arrangements prior to departure.
(a) Did you recommend that the patient cancel or postpone their travel due to their condition? _____
(b) Please provide details about the illness or injury (including final diagnosis): _____

- (c) On what date did you recommend that travel should be cancelled? ___/___/___
(d) On what date did the patient first become aware of their symptoms? ___/___/___
(e) On what date were you first made aware of the condition, or change in the condition? ___/___/___
(f) Has the patient previously been investigated, diagnosed or treated in respect for same/similar/related illness or injury? _____
(g) If yes, please provide details from the patient's history (e.g. dates of incidents, advice, treatment, medication): _____

- (h) Were the travel arrangements booked against your advice, or the advice of another medical professional? _____

OR

- 4. Medical expenses or additional expenses incurred during travel.
(a) What do you understand to be the illness or injury which resulted in the need to obtain medical treatment or adjust the travel plans of the patient? _____
(b) Has the patient previously been investigated, diagnosed or treated in respect of the same/similar/related illness or injury? _____
(c) If yes, please provide details from the patient's history (e.g. dates of incidents, advice, treatment, medication): _____

- (d) Prior to departure, was there any indication that medical care may be required? _____
(e) Was the patient non-compliant with medical advice whilst before or during the journey? _____
(f) Did the patient travel against your advice or the advice of another medical professional? _____

I certify that the statements contained in this medical certificate are true and correct.

Doctor's Signature: _____ Date: ___/___/___

Doctor's Stamp: