

Please complete this Claim Form and submit  
within thirty (30) days of the incident



Please direct the claim form and all correspondence to:  
Chartis Singapore Insurance Pte. Ltd.  
CHARTIS Building, 78 Shenton Way, #07-16, Singapore 079120

**TRAVEL CLAIM FORM**  
**Columbus Insurance Private Limited**

Policyholder's Name Claimant's Name	_____	Telephone No: _____
Residential Address:  S( )	Insurance Policy No: _____	Email address: _____ Fax No: _____
Place where incident, loss or illness occurred:	Insurance Plan (tick whichever applicable): <input type="checkbox"/> Columbus Direct <b>Individual</b> <input type="checkbox"/> Columbus Direct <b>Family</b>	Occupation: _____
Full description of sickness or accident	Date of Birth: _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Occurrence: _____ Time: _____

Are there any other policies of insurance in force covering you in respect of this event?  
 No  Yes If Yes, please specify: \_\_\_\_\_

**(A) PERSONAL ACCIDENT/SICKNESS - Medical and Additional Expenses**  
Please attach original medical receipts and copy of discharge summary or available medical report

Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury?  
 No  Yes If Yes, please specify: \_\_\_\_\_

Provide Name and Address of your usual attending physician:

**(B) CANCELLATION**  
Please attach documents from travel agent and any relevant documents to support your claim

Date of booking for flight:	Intended Departure Date:
	Date of Cancellation:

Reason for trip cancellation:

Amount Claimed	Amount paid by you	Amount paid by other sources
_____	_____	_____

**(C) BAGGAGE & PERSONAL EFFECTS** (Please furnish Police Report & Original purchase receipts and/or warranty cards – Option B)

Name of Police Station or other authorities where Report was lodged

Baggage and Personal Effects					
Item	Description	When And Where Purchased	Original Cost Price	Depreciation for Wear And Tear	Amount Claimed
1					
2					
3					
4					
5					
<b>(D) FLIGHT DELAY – OPTION A</b>					
(Please attach letter from Airline stating the reason and duration of delay)					
<b>Original Flight Details</b>			<b>Delayed Flight Details</b>		
Date:			Date:		
Time:			Time:		
Place of Departure:			Place of Departure:		
Flight No:			Flight No:		
<b>(E) BAGGAGE DELAY – OPTION B</b>					
Please attach Boarding Pass, Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from AirLine					
<b>Original Booking Details:</b>			<b>Delayed Booking Details:</b>		
Date:			Date:		
Time:			Time:		
Place of Departure:			Place of Departure:		
Name of Carrier:			Name of Carrier:		
<b>(F) OTHERS</b>					
In respect of any claim which does not fall within the sections stated above, please provide details of the claim you are submitting. If the space below is insufficient for such details, please attach another page.					

**The acceptance of this Form is NOT an admission of liability on the part of the Company. Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.**

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements to suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the Chartis Singapore Insurance Pte. Ltd. , or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A duplicated copy of this authorization shall be considered as effective as the original.

\_\_\_\_\_  
Policyholder's Name / Date

\_\_\_\_\_  
Policyholder's Signature / Date

\_\_\_\_\_  
Claimant's Name / Date  
(if different from Insured Person)

\_\_\_\_\_  
Claimant's Signature / Date

## **B) CHECKLIST OF SUPPORTING DOCUMENTS FOR THE CLAIM**

### **COMPULSORY DOCUMENTS FOR ALL CLAIMS**

1. Travel Claim Form
2. Boarding passes
3. Airline Flight Itinerary (where applicable)

Please complete the Travel Claim Form and submit with the following relevant documents. Each claim shall be reviewed based on its own merits in accordance to the terms and conditions of the concerned policy. We reserve our rights to request for additional documents and/or information on a case by case basis.

<b>Medical Expenses</b>	<ul style="list-style-type: none"><li>- Original Medical Bills &amp; receipts.</li><li>- Medical Report/Inpatient Discharge Summary</li><li>- Copy of passport/itinerary</li></ul>
<b>Emergency Telephone Charges</b>	<ul style="list-style-type: none"><li>- Original Medical Bills/</li><li>- Original Phone Bills</li></ul>
<b>Automatic Extension of Policy</b>	<ul style="list-style-type: none"><li>- Proof of stay in hospital and quarantine</li></ul>
<b>Personal Accident</b>	<ul style="list-style-type: none"><li>- Death Certificate</li><li>- Medical Report</li><li>- Autopsy &amp; Toxicology Report</li><li>- Police report &amp; findings</li></ul>
<b>Trip Cancellation</b>	<ul style="list-style-type: none"><li>- Death Certificate/ Doctor's letter</li><li>- Invoice from travel agency and statement showing breakdown of tour package &amp; amount refunded</li><li>- Invoice showing cancellation charges</li><li>- Proof of relationship to Insured</li></ul>
<b>Travel Interruption</b>	<ul style="list-style-type: none"><li>- Proof of hospitalisation</li><li>- Letter from agency showing breakdown of tour package &amp; amount refunded</li><li>- Medical report/inpatient discharge summary</li></ul>
<b>Loss of Travel Deposit</b>	<ul style="list-style-type: none"><li>- Original booking invoice &amp; Proof of deposit</li><li>- Documents showing proof of insolvency of tour agents</li></ul>
<b>Personal Liability</b>	<ul style="list-style-type: none"><li>- Do not admit liability or make any offer, promise or payment without prior consent. Submit all correspondence/ documents from third parties for our handling</li></ul>
<b>Baggage Delay (Package A)</b>	<ul style="list-style-type: none"><li>- Property irregularity Report</li><li>- Air Ticket and acknowledgement receipt on baggage received</li></ul>
<b>Baggage Loss/Damage (Package A)</b>	<ul style="list-style-type: none"><li>- Property irregularity Report/ Police/ Hotel Mgt Report</li><li>- Original proof of purchase &amp; original warranty cards/repair bills &amp; photographs</li><li>- Letter of Compensation from Airlines/hotel mgt</li></ul>
<b>Loss of Travel Documents (Package C)</b>	<ul style="list-style-type: none"><li>- Police Report</li><li>- Receipts for obtaining replacement of travel documents</li><li>- Hotel bills incurred for replacement of documents</li><li>- Transportation Bill</li></ul>
<b>Travel Misconnection/Flight Diversion/Flight Overbooking (Package A)</b>	<ul style="list-style-type: none"><li>- Flight itinerary &amp; boarding pass</li><li>- Letter from Airline</li></ul>
<b>Golf Loss/Damage (Package B)</b>	<ul style="list-style-type: none"><li>- Property irregularity Report/ Police/ Hotel Mgt Report</li><li>- Original proof of purchase</li></ul>