

Important Notes for the Claimant

- The Claim Form is to be completed by the Claimant except where the Claimant is a minor. In this instance it should be completed by the minor's legal guardian.
- Part C Authorization and Declaration Section of Claim Form must be duly signed or have thumbprint affixed by the Claimant or the Claimant's legal guardian.
- Your claim will not be processed if Part C of the Claim Form is not duly signed or has thumbprint affixed.
- The Claim Form must be completed and the claim lodged with supporting documents within 30 days of the incident. Please mail to

Chartis Singapore Insurance Pte. Ltd.
78 Shenton Way
#07-16 CHARTIS Building
Singapore 079120
+65 6419 3000
Co. Reg. No. 201009404M

- The acceptance of the Form is NOT an admission of liability on the part of Chartis Singapore Insurance Pte. Ltd. (the "Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant. The Company reserves the right to request for such further documents as it may deem fit in addition to the required documents listed in each of the sections in this Claim Form.

CLAIM FORM COMPLETION GUIDE

Personal Accident Benefits

- **Accidental Death** of an insured person, please complete **Parts A, B and C and Section 1** and provide all required supporting documents
- **Permanent Disablement** of an insured person, please complete **Parts A, B and C and Section 2** and provide all required supporting documents
- **Burns and Fracture** of an insured person, please complete **Parts A, B and C and Section 3** and provide all required supporting documents

Medical Expenses Benefits

- **Outpatient/Inpatient Medical Expenses Reimbursement**, please complete **Parts A, B and C and Section 4** and provide all required supporting documents
- **Hospital Confinement**, please complete **Parts A, B and C and Section 4** and provide all required supporting documents
- **Temporary Disability from employment**, please complete **Parts A, B and C and Section 5** and provide all required supporting documents
- **Hospital Visitation Expense Reimbursement**, please complete **Parts A, B and C and Section 6** and provide all required supporting documents

Travel Inconvenience Benefits

- **Loss of Travel Documents and Money**, please complete **Parts A, B and C and Section 7** and provide all required supporting documents
- **Luggage and Personal Effects**, please complete **Parts A, B and C and Section 8** and provide all required supporting documents
- **Temporary Loss Of Baggage (Baggage Delay)**, please complete **Parts A, B and C and Section 9** and provide all required supporting documents
- **Travel Delay**, please complete **Parts A, B and C and Section 10** and provide all required supporting documents
- **Trip Curtailment and Trip Cancellation**, please complete **Parts A, B and C and Section 11** and provide all required supporting documents

All Other Benefits

- **Hijack**, please complete **Parts A, B and C and Section 12** and provide all required supporting documents
- **Bail Bond**, please complete **Parts A, B and C and Section 13** and provide all required supporting documents
- **Kidnap**, please complete **Parts A, B and C and Section 14** and provide all required supporting documents
- **Legal Expenses**, please complete **Parts A, B and C and Section 15** and provide all required supporting documents
- **Personal Liability**, please complete **Parts A, B and C and Section 16** and provide all required supporting documents

Attending Physician's Statement

- **Attending Physician's Statement**, please download the form found under Section 4 which is to be completed by your Attending Doctor (please note that the completion of this form is at your expense)