



Claim Form

# Tokio Marine Explorer

To speed up the process, please (1) Complete this form, (2) Prepare the documents required listed on page two and (3) Mail them to TMIM as soon as possible. Thank you

**TOKIO MARINE**  
INSURANCE GROUP

Claim No.: \_\_\_\_\_ Policy or Certificate No.: \_\_\_\_\_

## Particulars of Insured

Policyholder's Full Name: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

Policy or Certificate No.: \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Claimant Name:  
(if different from Policyholder) \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

Relationship to Policyholder: \_\_\_\_\_ Occupation: \_\_\_\_\_

Travel Period: \_\_\_\_\_ to \_\_\_\_\_ Travel Agency: \_\_\_\_\_  
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Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
D D M M Y Y Y Y

Type of Incident:  Medical Expenses  Luggage Delay  Flight Misconnection  Overbooked Flight  
 Home Care  Trip Curtailment/Disruption  Missed Departure  Travel Cancellation/Postponement  
 Travel Delay  Loss/Damage to Luggage, Personal Effects, Money & Travel Documents  
 Hospitalisation due to Covid 19  Others \_\_\_\_\_

Description of Incident/Nature of Illness: \_\_\_\_\_

Total amount claimed (RM) \_\_\_\_\_ Flight No. \_\_\_\_\_

Receipt of Luggage Delayed: Date \_\_\_\_\_ Time \_\_\_\_\_  
D D M M Y Y Y Y

Airport of Arrival \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
D D M M Y Y Y Y

Name, address and contact details of your usual attending doctor(s) in Malaysia: \_\_\_\_\_

Do you have other insurance covering this loss? If yes, please provide:

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

## Authorization To Airline, Physician, Hospital Or Clinic To Release Information

I hereby authorize any airlines, physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history to Tokio Marine Insurans (Malaysia) Berhad. I further authorize any insurance company and/or its authorized representatives to release all information and documents pertaining to my policies including all previous and current claim details to Tokio Marine Insurans (Malaysia) Berhad. A photocopy of this authorization shall have the full effect of the original authorization.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_ Date: \_\_\_\_\_

Company Stamp (if applicable) \_\_\_\_\_

Designation: \_\_\_\_\_

## Documents Required

Below is a list of documents required to proceed with your claim.  
In certain circumstances, more information may be required to substantiate the claim.

Type of Incident	Documents Required (Please tick against the documents you have submitted)
1. Basic Documents	<input type="checkbox"/> Duly completed travel claim form <input type="checkbox"/> Copy of Insurance Certificate <input type="checkbox"/> Original boarding pass/Air tickets/Travel Itinerary <input type="checkbox"/> Duly completed E-Payment form
2. Personal Accident - Accidental Death & Permanent Disablement	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> Death Certificate, Police Report, Post Mortem Report and Proof of Relationship (if applicable) <input type="checkbox"/> Letter of Administration/Distribution Order/Grant of Probate/Sijil Faraid, if no Nomination <input type="checkbox"/> Copy of Claimant Identity card <input type="checkbox"/> Specialist Report confirming the permanent disability
3. Medical Expenses	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> Original medical invoice/receipts (Claim below RM500, doctor to write the diagnosis at the reverse side of receipt) <input type="checkbox"/> Medical report/diagnosis note from the attending doctor in Malaysia for follow up treatment, if applicable
4. Flight Misconnection/ Overbooked	<input type="checkbox"/> Letter from Airline confirming the overbooked confirmation of the date and time when the alternative transportation is made available <input type="checkbox"/> Letter from Airline confirming the actual time of arrival at the airport of the transit point and actual departure time of the connecting flight
5. Travel Curtailment/ Disruption/Missed Departure/Travel Cancellation/ Postponement	<input type="checkbox"/> Original receipts for additional hotel accommodation, travel expenses incurred. <input type="checkbox"/> Original receipts confirming the charges paid, proof of credit card statement for online payment <input type="checkbox"/> Tour fare breakdown charges <input type="checkbox"/> Letter from relevant parties confirming the refund amount or reason for no refund <input type="checkbox"/> Medical Certificate from treating physician advising you to return home due to injury or illness <input type="checkbox"/> Death Certificate (if applicable) <input type="checkbox"/> Copy of proof fully vaccinated status <input type="checkbox"/> Proof of relationship ie birth/marriage certificate
6. Travel Delay/Pet Care	<input type="checkbox"/> Original receipt for the additional costs incurred in pet hotel charges <input type="checkbox"/> Letter or Report from Airline on duration of delay, reason of delay, actual departure and arrival date
7. Luggage Delay/ Loss or damage to luggage, personal effects, money & travel documents/Home Care/Fraudulent Use Of Credit Card	<input type="checkbox"/> Property Irregularity Report from Airline on loss of luggage, duration of delay and offer of compensation <input type="checkbox"/> Police Report lodged at place of incident within 24 hours and detailing the circumstances (theft incident) <input type="checkbox"/> Listing and purchase receipts for all items claimed. If not available, provide description of items, date and price of purchase <input type="checkbox"/> Photographs to show the extent of damage and repair invoices, if applicable <input type="checkbox"/> Report by the card company(s) evidencing the loss <input type="checkbox"/> Original receipts for hotel accommodation, land transportation cost and communication expenses
8. Trauma Care	<input type="checkbox"/> Police & Embassy Report lodged at place of incident <input type="checkbox"/> Original receipts for trauma counselling session (Hijacked / Kidnap) <input type="checkbox"/> Written confirmation from the Carrier concerned confirming the incident & duration
9. Personal Liability	<input type="checkbox"/> Forward to TMIM immediately of any lawsuit or demand from the third party claimant <input type="checkbox"/> Do not admit liability or negotiate settlement without prior consent from TMIM
10. Loss of Travel Deposits/ Travel Package Payment	<input type="checkbox"/> Original receipts confirming the charges paid, proof of credit card statement for online payment <input type="checkbox"/> Police Report <input type="checkbox"/> Confirmation from Jabatan Insolvensi Malaysia on the insolvent status of Travel Agent

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Type of Incident	Documents Required (Please tick against the documents you have submitted)
11. Additional Cost of Rental Car Return	<input type="checkbox"/> Original Car Rental Agreement and confirmation letter on the actual return of the car <input type="checkbox"/> Original Invoice and Receipt for payment of the car rental, additional payment for the late return of the car or policy excess. <input type="checkbox"/> Copy of International driving license valid at the time of accident <input type="checkbox"/> Proof of hospitalization at the time when the car was due to be returned
12. Golfers Cover	<input type="checkbox"/> Original receipts for the Celebration Expenses incurred as a result of Hole-In-One <input type="checkbox"/> Hole-In-One Certificate <input type="checkbox"/> Original receipts for the prepaid and unused golf green fees <input type="checkbox"/> Copy of medical report from the Physician confirming your inability to play golf
13. Hospitalization due to Covid 19	<input type="checkbox"/> Test report confirming covid positive <input type="checkbox"/> Original medical invoice/receipt for admission due to Covid 19 <input type="checkbox"/> Medical Report <input type="checkbox"/> Copy of proof fully vaccinated status