



## TM Travel Trust TRAVEL CLAIM FORM

### Important Information

1. Tokio Marine Insurance Singapore Ltd (“TMIS”) does not admit liability by the issuance of this form.
2. Notify us in writing within 14 days after your trip ends, or within 48 hours of an accident involving death or disablement (if reasonably possible).
3. Please fill in the sections on General Information & the relevant sections that you want to claim.
4. You must submit all required supporting documents at your own expense (e.g., medical reports, certificates, receipts, proof of ownership, and any other evidence we may request).
5. Please send the duly signed form together with supporting documents to the above listed address for the attention of Fire and GA Claims Department or Email: [tmisclaims@tokiomarine.com.sg](mailto:tmisclaims@tokiomarine.com.sg)

General Information		
Name of Policyholder		
Name of Claimant <i>(if different from Policyholder)</i>		
Relationship between policyholder and claimant <i>(if applicable)</i>		
Policy No.		
Did you opt for the pre-existing medical condition extension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you travel against any government travel advisory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it a claim due to Covid-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you comply with all Covid-19 requirements (testing, isolation etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please tick the benefit(s) you are claiming for	<input type="checkbox"/> Personal Accident Protection <input type="checkbox"/> Medical Coverage <input type="checkbox"/> Travel Inconvenience <input type="checkbox"/> Miscellaneous Cover	
Address		
Policyholder's / Claimant's Tel No.		
Policyholder's / Claimant's Email		
Policyholder's / Claimant's Date of Birth		
Travel Period	From:	To:
Destination		
Do you have any other insurance that will cover this loss?	Yes / No	If “Yes”, please provide details:
Have you made a claim for this loss?	Yes / No	If “Yes”, please provide details:
Have you ever made any claims under a travel insurance policy?	Yes / No	If “Yes”, please provide details:

Actual circumstances of incident or loss or accident or illness leading to this claim (continue on space provided on Page 6 or on a separate sheet if necessary):

<b>PERSONAL ACCIDENT PROTECTION</b> (Subject to policy limits and aggregate limits per family)	
<b>Accidental Death &amp; Permanent Disablement</b>	
Type of Claim	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Permanent Disablement
Date of injury / accident (DD/MM/YYYY)	
Country, city, and exact location (airport/hotel/street/clinic/etc.) where the injury / accident happened	
Describe the accident and resulting injuries / cause of death.	
Documents Required (as applicable): 1) <i>Flight itinerary / Boarding pass</i> 2) <i>Medical Specialist Report</i> on permanent disablement 3) <i>Death Certificate</i> 4) <i>Letter of Administration/Probate</i> 5) <i>Child's birth certificate (if applicable)</i> 6) <i>Police Report</i> and findings on the alleged incident 7) <i>Autopsy and Toxicology Report</i>	

<b>MEDICAL COVERAGE</b> (Subject to policy limits and aggregate limits per family)	
<b>Medical Expenses in Singapore or Overseas / Overseas Hospital Confinement Allowance / Treatment by Chinese Physician / Special Grant</b>	
Type of Claim	<input type="checkbox"/> Medical Expenses <input type="checkbox"/> Daily Hospital Cash <input type="checkbox"/> Special Grant <input type="checkbox"/> Emergency Medical Assistance & Evacuation <input type="checkbox"/> Repatriation Expenses
Is the claim due to pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you suffer from this same illness before the trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to the above, please provide details	
Date of Illness / accident (DD/MM/YYYY)	
Was initial treatment sought overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you seek treatment in Singapore within 48 hours of return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of hospital admission (if applicable) (DD/MM/YYYY)	Date of discharge (if applicable) (DD/MM/YYYY)

Country, city, and exact location (airport/hotel/street/clinic/etc.) Where the illness /accident happened	
Describe what happened (illness symptoms or accident details)	

List of Medical Expenses (continue a separate sheet if necessary)				
Date of Visit	Description of Expenses	Paid to whom (State name of clinic / hospital / company)	Amount (State currency)	Date of Invoice
Documents Required (as applicable): 1) <i>Original medical bills and receipts</i> 2) <i>Medical report / inpatient discharge summary</i> 3) <i>Original letter from doctor confirming return to Singapore was necessary</i> 4) <i>Original letter from doctor certifying that surgery cannot be delayed</i> 5) <i>Death Certificate (if applicable)</i> 5) <i>Proof of payment</i> 6) <i>Prescription Slips</i>				

Hospital Visit / Compassionate Visit / Child Care	
Reason for claim	<input type="checkbox"/> Hospital Visit <input type="checkbox"/> Compassionate Visit <input type="checkbox"/> Child Care
Reason for additional travel/ accommodation expenses? (if applicable)	<input type="checkbox"/> Death <input type="checkbox"/> Serious Illness / Serious Injury
Period of Hospitalization: (DD/MM/YYYY to DD/MM/YYYY)	
State their name and relationship to you	
Description of expenses (please elaborate)	
List of Travel / Accommodation Expenses / Emergency Telephone Charges	
List of Items	Amount (State currency)
Accommodation Costs	
Additional Travel Expenses Please elaborate:	
Emergency Telephone Charges	
Others, please specify	
Documents Required (as applicable): 1) <i>Original bills and receipt for amount claimed for additional travelling and accommodation expenses.</i> 2) <i>Original phone bills</i> 3) <i>Flight Itinerary / Boarding Pass</i>	

<b>TRAVEL INCONVENIENCE</b> <i>(Subject to policy limits and aggregate limits per family)</i>				
<b>Trip Cancellation / Postponement / Curtailment</b>				
Type of claim:	<input type="checkbox"/> Trip Cancellation <input type="checkbox"/> Trip Postponement <input type="checkbox"/> Trip Curtailment <input type="checkbox"/> Disruption / Withdrawal of Hotel Services <input type="checkbox"/> Insolvency of Travel Agency			
Date of Incident				
Reason(s) for trip cancellation / trip postponement / trip curtailment				
Name of ill / injured / deceased person and relationship to you (if applicable)				
<b>List of Travel / Accommodation / Administrative Charges / Additional Expenses</b>				
Item	Amount	Refund Due or Paid	Additional Expenses (for Curtailment)	Total
Ticket costs				
Accommodation costs				
Others, please specify:				
Documents Required (as applicable): 1) <i>Travel Agency / Airline invoice confirming non-refundable prepaid travelling expenses</i> 2) <i>Tour booking invoice</i> 3) <i>Written medical advice from doctor certifying unfitness for travel</i> 4) <i>Death Certificates of Policyholder's / Insured Person's family member(s)</i> 5) <i>Doctor's memo certifying unfit to travel</i> 6) <i>Airline written confirmation &amp; refund statement</i> 7) <i>Photos of damaged items</i>				

<b>Theft / Loss / Damage Personal Baggage, Travel Documents, Loss of Personal Money, Emergency Purchases</b>		
Type of Claim:	<input type="checkbox"/> Personal baggage and effects <input type="checkbox"/> Travel documents <input type="checkbox"/> Loss of personal money <input type="checkbox"/> Emergency Purchases	
Date and time of incident/discovery		
Where incident happened		
How incident happened		
Authority / Location where report was made		
<b>Description of personal baggage and effects, travel documents, personal money lost or damaged (continue a separate sheet if necessary)</b>		
Item Description	Date Purchased (Attach invoice)	Amount Loss
Documents Required (as applicable): 1) <i>Copy of Police report filed at place of loss within 24 hours of occurrence.</i> 2) <i>Property Irregularity Report from the carrier / airline acknowledging the loss</i> 3) <i>Proof of ownership for all the items claimed</i> 4) <i>Written confirmation that the items cannot be economically repaired.</i> 5) <i>Invoice for emergency purchases made</i> 6) <i>Original receipts for items claimed</i> 7) <i>Photos of damaged items</i>		

<b>Travel Delay / Alternative Travel Arrangement / Overbooked Flight / Missed Flight Connection / Flight Diversion</b>			
Type of claim:	<input type="checkbox"/> Travel Delay <input type="checkbox"/> Alternative Travel Arrangement <input type="checkbox"/> Replacement of Traveller Benefit <input type="checkbox"/> Overbooked Flight/Voyage/Train <input type="checkbox"/> Missed Flight Connection <input type="checkbox"/> Flight Diversion <input type="checkbox"/> Travel Interruption		
Date trip was booked (DD/MM/YYYY)			
Length of delay (hours and minutes)			
Name of airline / carrier that you have lodged a claim against			
Date (DD/MM/YYYY) that trip was booked			
Original flight number:		Departure Date & Time:	Arrival Date & Time:
Actual flight number:		Departure Date & Time:	Arrival Date & Time:
Actual arrival of incoming connecting flight (Only applicable for travel misconnection only)			
State the reason for delay provided by the airline / tour operator / cruise company / rail company			
Is there any compensation received or payable by the carrier? Please state amount			
Documents Required (as applicable): 1) <i>Letter / Written confirmation from airline / carrier on the cause and details of delay or loss</i> 2) <i>Air ticket, transport and boarding pass</i>			

<b>Baggage Delay</b>	
Date and time of arrival at airport:	Date and time that luggage was received:
Length of delay (hours and minutes)	
Documents Required (as applicable): 1) <i>Property Irregularity Report</i> 2) <i>Baggage Receipt</i>	

<b>Personal Liability</b>	
Which of the following are you being held liable for?	<input type="checkbox"/> Medical Compensation <input type="checkbox"/> Damages
Provide full details of the incident including the name and contact details of the third party.	
What is the extent of damage to third party property or the nature of injury sustained by the third party? Was the amount of claim against you specified?	
Are there any witnesses to the incident?	If "Yes", please provide names and contact details.

Did you make any payment to the third party for any damage and / or injury / did you admit liability?	
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Documents required (as applicable): 1) *Overseas police and/or incident report* 2) *All correspondence received from any third party or relevant parties* 3) *Contact details of all witnesses or third-party details in the incident*

<b>MISCELLANEOUS COVER</b> <i>(Subject to policy limits and aggregate limits per family)</i>
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Type of Claim	<input type="checkbox"/> Loss of Use of Entertainment Ticket or Frequent Flyer Points <input type="checkbox"/> Rental Vehicle Excess <input type="checkbox"/> Rental Vehicle Return <input type="checkbox"/> Terrorism Cover <input type="checkbox"/> Loss of Credit Card <input type="checkbox"/> Adventure Sports Cover <input type="checkbox"/> Home Contents <input type="checkbox"/> Kidnap / Hostage <input type="checkbox"/> Pet Care <input type="checkbox"/> Golfer's Cover
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Provide details on the incident that has happened and resulted in the claim	
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What is the amount of loss incurred?	
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Documents Required (as applicable): 1) *Police report lodged overseas* 2) *Rental vehicle excess receipt* 3) *Itinerary and latest copy of boarding pass* 4) *Credit Card Statement* 4) *Bank Report* 5) *Written confirmation from card issuer indicating date of loss or theft* 6) *All relevant documents supporting the claim.*

Space for additional information (if any):	
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<b>Payment Mode and Details</b>	
<i>Please note that payment will be issued within 7-10 working days from the date of payment if your claim is admissible. TMiS will not be liable for any loss incurred by you resulting from incorrect bank account details provided by you to TMiS for purpose of claim payment.</i>	
<b>PAYNOW (only by NRIC/UEN)</b>	Please indicate payee's NRIC/UEN No: _____ and <b>provide a copy of NRIC/ACRA for our verification.</b> Please ensure that PayNow is linked to NRIC/UEN.
<b>GIRO:</b>	Please complete our GIRO Direct Credit Authorization Form together with a PDF copy of your bank statement showing the name and account number for our verification.

**DECLARATION:** I hereby declare and warrant that all the answers given above to be true and complete. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false, exaggerated or inaccurate in any aspect.

I hereby authorise any medical doctor or person who has attended or examined me, to furnish to TMiS, and/or its authorised representatives, any medical information relating to any illness or injury, medical history, consultation, prescription or treatment including copies of all hospital or medical records, that is necessary to process the insurance claim.

Notice for Personal Data Protection Policy

By signing this Form:

- i. I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers, or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing/servicing my/our policies/claims.
- ii. I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and iii. I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at <http://www.tokiomarine.com/sg>.

Name (Claimant): \_\_\_\_\_

Signature(Claimant): \_\_\_\_\_

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

Name (Policyholder): \_\_\_\_\_

Signature(Policyholder): \_\_\_\_\_

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

## Giro Direct Credit Authorization Form

This form must be completed by the client of Tokio Marine Insurance Singapore Ltd. Payment will be credited directly into your designated bank account stated below. Please complete Part 1 of the form and obtain your bank's confirmation in Part 2. **If your bank's confirmation is not obtained, for verification purpose, please send us a PDF copy of a blank cheque or the top portion of your bank statement showing the name and account number, failing which we are not able to process the Giro payment to you.**

The completed form and documents may be returned by post to:

Tokio Marine Insurance Singapore Ltd.  
20 McCallum Street #09-01  
Tokio Marine Centre  
Singapore 069046.  
Attention:

### PART 1 To be completed by the client of Tokio Marine Insurance Singapore Ltd.

Client's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No : \_\_\_\_\_  
Fax No : \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Particulars of the client's Bank account (Bank no. and Branch no. can be found after cheque no.)

Name of Bank \_\_\_\_\_  
Bank no. \_\_\_\_\_ Branch no. \_\_\_\_\_  
Bank account number \_\_\_\_\_  
Bank account name \_\_\_\_\_

I/We hereby authorize Tokio Marine Insurance Singapore Ltd. to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us

This authorization shall continue in force until I/we have expressly revoked it by notice in writing delivered to you.

In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before the change.

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### PART 2: Please obtain the below confirmation from your Bank specified above.

To: Tokio Marine Insurance Singapore Ltd.

We hereby confirm that the signature (s) affixed in Part 1 above and the particulars of the bank account are consistent with the Bank's record.

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