

## Income Travel Claim Submission Procedure

- Step 1** - Print the claim form.  
**Step 2** - Complete the claim form and refer to the claim matrix for supporting documents required.  
**Step 3** - Get the authorized personnel to endorse on the claim form before you submit the claim.



Medical Claim (> S\$200)	Medical Claim (S\$200 or less) and Non-Medical Claim
<p>Please submit your claim after you have completed your treatment.</p> <p>If the <b>total medical expense exceeds S\$200</b>, please submit the completed claim form with the original medical receipts and relevant supporting documents by post to :-</p> <p style="text-align: center;">Property &amp; Casualty Claims Income, PO Box 0132 Singapore 911802</p> <p>You should keep a copy of the above claim documents for your own reference.</p>	<p>If you are claiming for non-medical items or the <b>total medical expense is S\$200 or less</b>, you only need to email the completed claim form with the original medical receipts and relevant supporting documents to govclaim@income.com.sg to file your claim.</p> <p>The total size of your email attachment(s) must not exceed 30MB. If it exceeds 30MB, please separate them, indicate your Travel policy number in the subject matter and label the emails as Part 1, Part 2, etc. before sending to us.</p> <p>You should keep the above original claim documents and need not send them to us.</p> <p><b>Note: Income reserves the right to request for the original claim documents should the need arise.</b></p>



You will receive an acknowledgement of your claim submission via SMS or email within 2 working days after your claim is received by Income.



If your claim document is complete, your claim will be assessed and you will be advised of the outcome within 10 working days. If your claim document is not complete, you will be informed as well, within 10 working days, to send in the missing document/additional information.



If you have any query on claim matters, you can call Income's hotline at 6789 0232 or email to govclaim@income.com.sg for assistance.

## Income Travel Insurance - Claim Matrix

Benefit  Claims Supporting Documents	Personal Accident Accidental Death	Personal Accident Permanent Disablement	Comatose State	Medical Expenses (Overseas & Singapore)	Overseas Hospital Allowance	Nursing Assistance Expenses	Hospital Visitation	Compassionate Visit	Cancelling or Postponing The Insured Person's Trip	Shortening The Insured Person's Trip	Insolvency of Travel Operator	Extension of Stay	Loss or Damage of Baggage and Personal Belongings	Losing Travel Documents	Losing money including credit card/ debit card fraud	Baggage Delay	Flight Delay/Missed Connections / Flight diversion or overbooking	Kidnap and Hostage	Emergency Phone Charges	Personal Liability	Trauma Counselling, Psychiatric and Psychological Treatment Expenses
Airticket/boarding pass/ passport stamp showing date of travel	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	-	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Travel itinerary	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	-	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Death certificate	YES	-	-	-	-	-	-	YES	YES	YES	-	-	-	-	-	-	-	-	-	-	-
Autopsy/post mortem report	YES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Police report	YES	YES	YES	YES	-	YES	-	-	-	-	-	-	YES	YES	YES	-	-	YES	-	-	YES
Medical report (if any)	YES	YES	YES	YES	YES	YES	YES	-	YES	YES	-	-	-	-	-	-	-	-	-	-	YES
Original medical receipts	-	-	-	YES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospital discharge summary	YES	YES	YES	YES	YES	YES	YES	-	YES	YES	-	-	-	-	-	-	-	-	-	-	YES
Original receipt for transport and accommodation expenses	-	-	-	-	-	-	YES	YES	YES	YES	YES	YES	-	YES	-	-	-	-	-	-	-
Property irregularity report/ hotel management report	-	-	-	-	-	-	-	-	-	-	-	-	YES	YES	YES	YES	-	-	-	-	-
Original purchase receipts/ credit card statement/ warranty card for lost items	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Original repair receipts and diagnostic report	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Photographs of damaged items	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Letter of compensation from airlines or hotel	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Original receipts for passport replacement, passport photograph or travel documents	-	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-
Acknowledgement slip for baggage delay	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-
Letter from transport operator to state the cause and length of delay	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	YES	YES	-	-	-	-
Letter from transport operator to confirm the overbooked flight	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical report to show insured is unfit to travel	-	-	-	-	-	-	-	-	YES	YES	-	YES	-	-	-	-	-	-	-	-	-
Receipt from travel agency and statement of refund documents	-	-	-	-	-	-	-	-	YES	YES	-	-	-	-	-	-	-	-	-	-	-
Marriage certificate/birth certificate	YES	-	-	-	-	-	-	-	YES	YES	-	-	-	-	-	-	-	-	-	-	-
Telephone bills incurred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-
3rd party claim correspondences	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	YES	-
Evidence on insolvency of travel agency	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-	-	-

## Travel insurance claim form

### Important notice

- If we accept this form, it does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your completed claim form, together with the supporting documents, within 60 days from the date of the event.
- Please do not leave any field blank. Write 'none' or 'NA' where relevant.

<b>Policy number:</b>	
<b>Claim number:</b> (For official use)	

### Details of policyholder/school

Product name and plan (Tick where applicable) <input type="checkbox"/> Individual Plan <input type="checkbox"/> Student Plan			
Name of policyholder/school		Name of contact person	
Mailing address		Designation	Department
Contact number (Office)	(Handphone)	(Fax)	Email

### Personal details of claimant (employee/student)

Name of employee/student	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth(dd/mm/yyyy)
Home address			
Contact number (Office)	(Home)	(Handphone)	Email

### Payee's details

Settlement to be made to: <input type="checkbox"/> Policyholder/school <input type="checkbox"/> Employee/student <input type="checkbox"/> Others (Please provide relationship with claimant)	
Please select the mode of payment below:	
<input type="checkbox"/> Cheque (If payment to employee/student/others, please provide the following details):	
Full name (as shown in the bank account)	NRIC, FIN or passport number (as shown in the bank account)
Payee Address	
<input type="checkbox"/> Direct Transfer to Bank	
Full name (as shown in the bank account)	NRIC, FIN or passport number (as shown in the bank account)
Name of bank	Bank account number

### Travel details

Date of departure from Singapore(dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Date of return to Singapore(dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Which country or city did the incident, injury or illness happen in?		Date of event (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Description of incident, injury or illness			

Are there any other insurance policies covering you for this incident?  
If Yes, please give the name of the insurer, policy number and amount you can recover.

Yes  No

## Main benefits

### Personal accident and medical benefits & services

Please tick the types of claim you are sending us and the documents you are attaching for this claim. We may ask for more documents to assess the claim.

1  Personal accident  Medical benefits & services

Supporting documents attached:

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Original final hospital or medical or ambulance bills and receipts
- Medical report or inpatient discharge summary (stating clearly the start date, cause, extent of permanent disability (if this applies) and nature of injury or illness)
- Police or accident report (accident claim only)
- A copy of the reimbursement letter or discharge voucher from the insurer or employer (if there is a previous refund from another insurer or employer)
- Death certificate or autopsy report or toxicological report or coroner's findings (death claim only)
- Proof of policyholder's or person claiming's relationship with the person who has died (death claim only)

Policyholder or person claiming	Documents needed
Husband or wife	Marriage certificate
Parent	Birth certificate of person who died
Child	Birth certificate of policyholder or person claiming
Brother or sister	Birth certificate of person who has died and policyholder or person claiming

a. Nature and extent of injury or illness

b. Has your treatment been completed?  
If No, please say when treatment is expected to be completed.

Yes  No

c. Amount you want to claim

d. Have you ever suffered from or been recommended to receive treatment for this injury, illness or a similar condition before?  
If Yes, please give details.

Yes  No

Dates (dd/mm/yyyy) of consultations \_\_\_\_\_ Name and address of doctor consulted \_\_\_\_\_

### Emergency Evacuation and Repatriation Expenses

Please tick the type of claim you are sending us, provide the details of the claim in the space below and attach the supporting documents. We may ask for more documents to assess the claim.

Emergency Evacuation  Repatriation

## Optional benefits

### Travel inconveniences

2   **labelling="Text">Cancelling or postponing your trip**  **Shortening your trip**

Supporting documents attached:

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and arrival to Singapore.
- Tour itinerary and tour booking invoice or receipt
- Transport and/ or accomodation provider's confirmation on the cost of non-refundable prepaid travelling expenses (including cancellation fees)
- Written advice or medical certificate from a qualified attending doctor confirming that you were unfit to travel (for cases of serious injury or illness)
- Death certificate (where someone's death caused this cancellation)
- Proof of insured's relationship with the person who is sick or who died

Insured	Documents needed
Husband or wife	Marriage certificate
Parent/brothers or sisters	Birth certificate of person who is sick or who died
Child	Birth certificate of insured

a. Trip booking date (dd/mm/yyyy)	b. Intended departure/return date (dd/mm/yyyy)	c. Date of cancelling/postponing or shortening your trip (dd/mm/yyyy)
-----------------------------------	--	---

d. What caused the trip to be cancelled/postponed or shortened?

e. Total amount paid by you	f. Total refund paid to you	g. Amount you want to claim
-----------------------------	-----------------------------	-----------------------------

3  **Flight delay**  **Overbooked public transport**  **Missed connections**  **Flight diversion/deviation**  **Baggage delay**

Supporting documents attached:

- Scheduled and revised flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Airline or their handling agent's confirmation on the cause and length of the travel or baggage delay or overbooked public transport or missed connections
- Delay report and acknowledgement slip (baggage delay claim)

#### Flight delay /Overbooked public transport or Missed connections

Original flight number	Original departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Actual flight number	Actual departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Cause of delay, overbooked public transport/missed connections		Length of delay

#### Flight Diversion/Deviation

Original arrival date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Actual arrival date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Cause of flight diversion/deviation	Length of delay in arrival time

#### Baggage delay

Flight number	Flight arrival date (dd/mm/yyyy)	Flight arrival time <input type="checkbox"/> am <input type="checkbox"/> pm
Baggage collection date (dd/mm/yyyy)	Place of baggage collection	Baggage collection time <input type="checkbox"/> am <input type="checkbox"/> pm

4  Loss or damage of baggage & personal belongings  Losing money  Losing travel documents

Supporting documents attached:

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Police report of the lost item (or items)
- Baggage loss or damage report filed with relevant authorities or service providers
- Confirmation letter from airlines or travel agent or operator of amount paid as compensation for loss
- Photographs of damaged item (or items)
- Copy of diagnostic report from repairer stating the cause and extent of damage
- Original repair bill or quotation of repair for damaged item (or items) or original purchase receipt or credit-card statement and warranty card of lost or damaged item (or items)
- Original invoice for transport and accommodation incurred to apply to replace the lost passport or travel documents
- Original invoice for replacement passport/passport photograph/travel documents

a. Has this loss or damage been reported to the police or authorities?  Yes  No  
If No, please say why.

b. Did you receive any compensation from the service provider? (eg. Airline)  Yes  No  
If yes, please provide details on the compensation or cash settlement amount received: \_\_\_\_\_  
If no, please provide evidence of denial compensation from the service provider.

c. Can the damaged item (or items) be repaired?  Yes  No  
If no, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.

Description of damaged or lost item (or items)	Original purchase price	Date of purchase	Receipt (Yes/No)	Amount you want to claim

### Other benefits

Please indicate the benefit you are claiming for, provide details of the claim in the space provided below and attach supporting documents.

### Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance transaction. It includes all personal data for us to evaluate or administer this transaction. For example, if you are submitting a claim for an insurance policy, in addition to the personal data provided in the claim form, the personal data will also include any subsequent information we collect on health or any information that is necessary for us to decide whether to pay the claim, such as test results, medical examination results, and health records from medical practitioners.

Before your insured persons' personal data is collected by us, we rely on you to notify, inform and make them aware of the following:

- (a) that you will or may provide their personal data to us, or their personal data may be provided from other sources to us;
- (b) the third parties to whom the personal data may be provided by us;
- (c) the purposes we and the third parties will use it for; and
- (d) how your insured persons can access their personal data.

We also rely on you to obtain their consent on all the above matters and will assume that their consent has been obtained before their personal data is collected by us. If you have not done or will not do any of the above matter, you must alert us before any relevant personal data is collected by us.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

**1. Purpose of collection**

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) provide ongoing services and respond to your inquiries or instructions;
- (f) make or obtain payments;
- (g) investigate and settle claims;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) conduct research and statistical analysis;
- (k) coach employees and monitor for quality assurance;
- (l) reinsure risks and for reinsurance administration;
- (m) comply with all applicable laws, including reporting to regulatory and industry entities; and

**2. Disclosure of personal data**

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 to these parties:

- (a) your insurance agents, insurance broker, association, employer or group policyholder;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

**3. Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

**4. Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: DPO@income.com.sg. For any request to withdraw your consent, please contact Income Contact Centre at 6788 1777 or email to consentwithdrawal@income.com.sg.

**Declaration and authorisation**

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the 'Personal data collection statement'.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorize any person or organization who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorize Income and its claims service providers to collect, use, disclose and to exchange with the persons or organizations listed above any information (including personal health information).
- c. I am authorized to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.
- d. I declare that I have not made any claim to any other party (including, where applicable, my employer) for subsistence allowance or similar payment with respect to the same incidence of Flight Delay or Flight Diversion/Deviation as claimed above.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Name of policyholder/school: \_\_\_\_\_

Name of employee/student/parent: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date (dd/mm/yyyy) : \_\_\_\_\_

Company stamp: \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_