

Corporate 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 filled-in claim form, together with the supporting documents, within 30 days from the date of the event.
- Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

Policy number:	
Claim number: (For official use)	

Details of policyholder

Name of policyholder		Name of contact person	
Mailing address		Designation	Department
Contact number (Office)	(Handphone)	(Fax)	Email

Personal details of employee

Name (as shown in NRIC, FIN or Passport)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth(dd/mm/yyyy)
Insured group (as shown in the policy schedule)		Designation	
Mailing address			
Contact number (Office)	(Home)	(Handphone)	Email

Personal details of dependant (to complete when claim is for employee's dependant)

Name of dependant	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number
Relationship to employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others (Please specify) _____		

Payee's details

Payment will be made via direct transfer to insured person's bank account. Please indicate the bank details clearly for us to process the payment.

Full name (as shown in the bank account)	NRIC, FIN or passport number	Name of Bank	Bank Account Number
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Travel details

Period of travel for this trip (dd/mm/yyyy) _____ to (dd/mm/yyyy) _____		
Which country or city did the incident or 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give the name of the insurer, policy number and amount you can recover.		

Type of claim

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 expenses**

Supporting documents needed (or 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)
- Referral letter by general practitioner for specialist treatment
- 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 certificates of person who has died and policyholder or person claiming

a. Nature and extent of injury or illness

b. Is the specialist treatment (if any) referred by a general practitioner? Yes No
If No, please give the reasons.

Note: The policy covers specialist treatment, only if the specialist treatment is referred by a general practitioner.

c. Have your treatment been completed? Yes No
If No, please say when treatment is expected to be completed.

d. Amount you want to claim

e. Have you ever suffered from or been recommended to receive treatment for this injury, illness or a similar condition before? Yes No

If Yes, please give details. _____

Dates (dd/mm/yyyy) of consultations _____

Name and address of doctor consulted _____

2 **Cancelling your trip** **Postponing your trip** **Shortening your trip**

Supporting documents needed (or 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 accommodation 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/ Brother or sister	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 date (dd/mm/yyyy)	c. Date of cancelling or shortening your trip (dd/mm/yyyy)
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d. What caused the trip to be cancelled or shortened?

e. Total amount paid by you	f. Total refund paid to you	g. Amount you want to claim
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3 Travel delay Overbooked public transport Missed connections Baggage delay

Supporting documents needed (or attached):

- Scheduled and revised flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Airline or bus or cruise operator's 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)

Travel delay or overbooked public transport		
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 or overbooking		Length of delay

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

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 needed (or 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 the transport and accommodation expenses 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, etc) 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

5 Other sections

For any other claim which does not fall within the sections shown above, please provide details of the claim. If there is not enough space below, please attach another page.

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.

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

Authorised signature & company stamp: _____

Signature of insured employee/dependant: _____

Name of authorised signatory: _____

Name of insured employee/dependant: _____

Designation: _____

NRIC/Fin number: _____

Date (dd/mm/yyyy) : _____

Date (dd/mm/yyyy) : _____

Before sending this to us, please make sure you have filled in all the relevant sections related to your claim in full and you have attached the documents we have asked for together with the form. We will process your claim when we receive the full supporting documents. Please send the claim documents to any of our branches. Or, you can give them to your insurance agent, or post them to : Property & Casualty Claims, Income, PO Box 0132, Singapore 911802.