

## CIMB TravelEase Claim Form

### Important Notice

1. The acceptance of this form is NOT an admission of liability on the part of the Company.
2. Do retain the original final bills and supporting documents for 6 months after claims submission, as we may request for them.
3. All medical reports must be submitted at the claimant's expense before a claim can be admitted.
4. Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Policy No: \_\_\_\_\_

### Personal Particulars of Policyholder

Name (as shown in NRIC/FIN): Dr/Mr/Mrs/Ms \_\_\_\_\_

NRIC/ FIN Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Personal Particulars of Insured (No need to fill this in if information is the same as above)

Name (as shown in NRIC/FIN): Dr/Mr/Mrs/Ms \_\_\_\_\_

NRIC/ FIN Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Types of Claim

**Note:** Please tick ☒ under the relevant section (s) for your claim where appropriate and indicate "NA" if the section is not applicable.

Please refer to Page 6 for the "Checklist of Supporting Documents" required for the relevant Policy Sections.

A. ☐ Medical Expenses Overseas

☐ Medical Expenses in Singapore

Date and Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

1. State the detailed description of what exactly happened to you/the insured.

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2. Describe the specific type of illness diagnosed/ injury sustained. (Doctor's diagnosis and causation are required).

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3. Have you/the insured ever suffered from or been recommended to receive treatment for this illness/ injury or a similar condition before?

☐ Yes. Please provide details: \_\_\_\_\_

a) When did you/ the insured last seek treatment? \_\_\_\_\_

b) Where did you/ the insured last seek treatment? \_\_\_\_\_

☐ No.

4. What is the amount that you/the insured is claiming for Medical Expenses: \_\_\_\_\_

5. Are you/ the insured still on follow-up medical treatment for this illness/ injury?

☐ Yes.

☐ No.

**B. ☐ Trip Cancellation**

☐ Trip Postponement

☐ Trip Curtailment

☐ Trip Disruption

1. Date of Incident: \_\_\_\_\_

2. Reason for Affected Trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Details of Incurred Travel Expenses:

| Total Amount Paid for Transportation (SGD) | Total Refunds Received for Transportation (SGD) | Total Amount Claiming for Transportation (SGD) |
|--|---|--|
|  |   |  |
| Total Amount Paid for Accommodation (SGD)  | Total Refunds Received for Accommodation (SGD)  | Total Amount Claiming for Accommodation (SGD)  |
|  |   |  |

**C. ☐ Travel Delay****☐ Missed Connection**

1. Date of Incident: \_\_\_\_\_

2. Cause of Travel Delay/ Missed Connection: \_\_\_\_\_

3. Details of Affected Flight:

|                                   |  |                                |  |
|-----------------------------------|--|--------------------------------|--|
| Scheduled Flight Number           |  | Actual Flight Number           |  |
| Scheduled Departure Date and Time |  | Actual Departure Date and Time |  |
| Scheduled Arrival Date and Time   |  | Actual Arrival Date and Time   |  |

**D. ☐ Baggage Delay**

1. Date of Incident: \_\_\_\_\_

2. Details of Delayed Baggage:

|                                 |  |                                 |  |
|---------------------------------|--|---------------------------------|--|
| Scheduled Flight Number         |  | Actual Flight Number            |  |
| Scheduled Arrival Date and Time |  | Actual Collection Date and Time |  |
| Scheduled Place of Collection   |  | Actual Place of Collection      |  |

**E. ☐ Loss or Damage to Baggage/ Personal Belongings**

1. Date of Incident: \_\_\_\_\_

2. State the detailed description of what exactly happened.

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3. Has this loss/ damage been reported to the relevant authorities/ police?

☐ Yes. Please attach the relevant reports: \_\_\_\_\_

☐ No.

4. Did you/the insured receive any compensation from the service provider (e.g. Airline/ Hotel)?

☐ Yes. Please state amount received and provide settlement letter: \_\_\_\_\_

☐ No. Please provide evidence of denial compensation from the service provider.

5. Details of Lost/ Damaged Items:

(Please attach a separate list if insufficient space)

| Description of Lost / Damaged Item | Date of Purchase | Original Purchase Price (SGD) | Purchase Receipt (Yes/ No) |
|------------------------------------|------------------|-------------------------------|----------------------------|
|                                    |                  |                               |                            |
|                                    |                  |                               |                            |
|                                    |                  |                               |                            |
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**Other Claims**

Is there any other benefit(s) that you/the insured would like to claim?

☐ Yes. Please provide details and supporting documents of the claim.

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☐ No.

### Other Insurance Coverage

1. Have you/ the insured submitted the claim to other insurer for this same incident?

(e.g. *Personal Accident Policy, Travel Policy, Hospitalisation Policy, Employee Benefit Scheme, School Personal Accident Policy, Workmen Injury Compensation, Motor Insurance Policy be it own damage or 3rd party injury etc*)

☐ Yes.

a) Name of Insurer(s): \_\_\_\_\_

b) Policy Type(s): \_\_\_\_\_

☐ No.

2. Has the above claim been settled?

☐ Yes. Please provide settlement letter.

☐ No. Please state reason: \_\_\_\_\_

### Payment Information

Please note that we can only issue payment to Policyholder or Insured by PayNow.

☐ PayNow (*Only for Registered with NRIC/FIN number*)

• Payee Name (as per Bank Record): \_\_\_\_\_

• Payee NRIC/ FIN Number: \_\_\_\_\_

### Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at [www.sompo.com.sg](http://www.sompo.com.sg).

\_\_\_\_\_  
Name of Policyholder

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Checklist for Supporting Documents**

**You will need to submit the following documents before your claim application can be processed.  
If required, we may send an email to you requesting for further documents.**

### **Medical Expenses Overseas/ Medical Expenses in Singapore**

- E-ticket invoice/ Boarding passes/ Passport stamps showing departure from Singapore and arrival to Singapore
- Itemised Medical Bills and Receipts (Please retain the originals for our verification later.)
- Written Clinic Diagnosis/ Medical Report (Cost to obtain this document will not be reimbursed.)
- General Practitioner referral letter to Specialist (if applicable)
- Final Hospital bill (Applicable if there is Hospitalisation and/ or Day Surgery)
- Inpatient Discharge Summary (Applicable if there is Hospitalisation and/ or Day Surgery)

### **Trip Cancellation/ Trip Postponement**

- E-ticket Booking invoice for the Scheduled trip (showing departure from Singapore and arrival to Singapore)
- Accommodation Booking invoice for the Scheduled trip
- Airline and Hotel letters to confirm trip cancelled/postponed and any refunds
- New E-ticket Booking invoice and Accommodation Booking invoice for the postponed trip (if applicable)
- Doctor Memo/ Medical Report stating the diagnosis, first onset date and travel suitability (if applicable)
- Death Certificate (if applicable)

### **Trip Curtailment**

- E-ticket Booking invoice for the Scheduled trip (showing departure from Singapore and arrival to Singapore)
- Accommodation Booking invoice for the Scheduled trip
- Airline and Hotel letters to confirm is there any refunds for prepaid transport costs and accommodation costs
- New E-ticket Booking invoice for the returned flight back to Singapore
- Doctor Memo/ Medical Report stating the diagnosis, first onset date and travel suitability (if applicable)
- Death Certificate (if applicable)

### **Trip Disruption**

- E-ticket Booking invoice for the Scheduled trip (showing departure from Singapore and arrival to Singapore)
- Accommodation Booking invoice for the Scheduled trip
- New E-ticket Booking invoice for the returned flight back to Singapore
- New Accommodation Booking invoice for the extended stay
- Doctor Memo/ Medical Report stating the diagnosis, first onset date and travel suitability (if applicable)
- Death Certificate (if applicable)

### **Travel Delay/ Missed Connection**

- E-ticket Booking invoice for the Scheduled trip (showing departure from Singapore and arrival to Singapore)
- Airline letter stating the reason of flight delay
- New E-ticket Booking Invoice/ Boarding passes for the affected flight

### **Baggage Delay**

- E-ticket invoice/ Boarding passes/ Passport stamps showing departure from Singapore and arrival to Singapore
- Property Irregularity Report
- Baggage Acknowledgement Slip stating the date and time of baggage collected by the insured

### **Loss or Damage to Baggage/ Personal Belongings**

- E-ticket invoice/ Boarding passes/ Passport stamps showing departure from Singapore and arrival to Singapore
- Property Irregularity Report
- Overseas Police Report
- Purchase receipt of the lost/ damaged baggage/personal belongings
- Photographs of the damaged baggage/personal belongings

**Any other documents that can facilitate the assessment of the claim.**