



Travel Insurance Claim Form

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY.

PERSONAL DETAILS	
Name of Certificate _____	Certificate No.: _____
Correspondence Address: _____	
Contact Tel.No.(Daytime): _____	
Name of Claimant: _____	Occupation: _____
Sex: M/F Date of Birth: _____ D/ _____ M/ _____ y	
Correspondence Address: _____	
Contact Tel.No.(Daytime): _____	

TYPE OF CLAIM	
Please tick and complete the relevant Sections(s) overleaf:	Basic supporting documents required
<input type="checkbox"/> Section 1 – Personal Accident	<ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Hong Kong Identity Card(copy) <li style="width: 33%;">● Medical Report(original) <li style="width: 33%;">● Other available documents
<input type="checkbox"/> Section 2 – Medical Expenses	<ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(Copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Hong Kong Identity Card(copy) <li style="width: 33%;">● Medical Report(original) <li style="width: 33%;">● Medical Receipts(original) <li style="width: 33%;">● Other available documents
<input type="checkbox"/> Section 3 – Cancellation & Curtailment	<ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Travel Deposit Payment Receipt (original/copy) <li style="width: 33%;">● Boarding Pass(Copy) <li style="width: 33%;">● Carrier's/Airlines' confirmation(original) <li style="width: 33%;">● Other available documents
<input type="checkbox"/> Section 4 – Travel Delay & Missed Departure	<ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Travel Deposit Payment Receipt(original/copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Carrier's/Airlines' confirmation (original) <li style="width: 33%;">● Other available documents
<input type="checkbox"/> Section 5 – Baggage & Personal Money	<ul style="list-style-type: none"> <li style="width: 33%;">● Travelling Schedule Airticket(copy) <li style="width: 33%;">● Travel Deposit Payment Receipt (original/copy) <li style="width: 33%;">● Boarding Pass(copy) <li style="width: 33%;">● Carrier's/Airlines' confirmation(original)/Hotel's confirmation(original) <li style="width: 33%;">● Police Report (copy) <li style="width: 33%;">● Purchase/Replacement receipt (original) <li style="width: 33%;">● Other available documents

8. Name and address of your attending medical practitioner in Hong Kong _____

Section 3 – Cancellation and Curtailment

Amount Claimed: _____

1. Name and address of your travel agent _____

2. The relevant flight no. and/or tour reference no.

3. Date of travel arrangements made Date of deposit paid
 D/ M/ Y D/ M/ Y

4. Scheduled date of departure Time of departure Place of departure
 D/ M/ Y D/ M/ Y

5. Actual date of departure Actual time of departure
 D/ M/ Y _____ a.m./p.m.

6. Reason for the cancellation or curtailment

7. Can the pre-paid amount be recovered from other sources? If “Yes”, please state where and how.

Section 4 – Travel Delay and Missed departure

Amount Claimed: _____

1. The relevant flight no. and/or tour reference no.

2. Scheduled date of departure Time of departure Place of departure
 D/ M/ Y _____ a.m./p.m.

3. Actual date of departure Actual time of departure
 D/ M/ Y _____ a.m./p.m.

4. Reason for the delay/missed departure _____

Section 5 – Baggage and Personal Money

Amount Claimed: _____

1. Date of loss/damage Time of loss/damage Place of loss/damage
 D/ M/ Y _____ a.m./p.m.

2. Please describe how the loss/damage occurred _____

3.

Lost/Damaged Item(s)	Model No.	Date of Purchase	Conditions immediately before the loss/damage

Please attach supplementary sheet if necessary

4. Date of loss reported _____ Time of loss reported _____ Reference no. of the loss reported to the police _____
 D/ M/ Y a.m./p.m

5. Please give details if you have lodged complaint against any carrier/airlines/hotels/other parties concerning the damage/lost _____

6. Please give details if you have got any other insurance covering the lost/damaged item(s) _____

Section 6 – Personal Liability/Section 7 – Rental Vehicle Excess Cover

Amount Claimed: _____ *For Section 7, please complete questions 1 & 2 only

1. Date of incident _____ Time of incident _____ Place of incident _____
 D/ M/ Y a.m./p.m

2. Full description of incident _____

3. Name & Address of third party claimant and other involved parties _____

4. Extent of injury/damage caused with estimate on quantum if possible _____

5. Please state your own view on liability _____

6. Has formal claimed been received from third party claimant? Yes No

* IMPORTANT – Please forward to us all correspondence directly relating to the third party claim and do not admit any liability to the third party

DECLARATION & AUTHORIZATION

1. I/We declare that the information is in all respect true and complete to best of my/our knowledge and belief;
 2. It is agreed that upon request by CGU International Insurance plc, I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and
 3. I, the undersigned claimant, hereby authorize and party concerned to disclose to CGU International Insurance plc or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/damage under the above Section(s). A photostat copy of this authorization shall be as effective and valid as the original.

 Signature of Certificate Holder
 Date

 Signature of Claimant
 Date