

UNITED OVERSEAS INSURANCE LIMITED
TRAVELLER'S PERSONAL ACCIDENT
CLAIM FORM

Company Registration No. 197100152R

Please return the completed claim form to the issuing insurer

NEW ADDRESS:
3 ANSON ROAD
#28-01 SPRINGLEAF TOWER
SINGAPORE 079909
Tel: 6222 7733
Fax: 6327 3872



General
Claimant's Full Name _____
Passport/IC No _____ Contact No _____
Address _____
Company's Name: _____
Travel Agent _____ Date of Booking _____
Booked Holiday Dates From _____ To _____
Important : All Claims submission must be accompanied by original or duplicate (not photo-copy) air ticket or invoice or receipt to show that the air ticket was booked with UOB Travel Planners.

Travel
Delay
Date & Time of scheduled departure _____
Date & Time of actual departure _____
Reason for Delay _____

Period of delay (must be at least 12 hours from the time specified in the air ticket)

Amount Claimed _____
Documents required : Complaint letter to airline or airline's letter detailing the reason and duration of delay.

Delayed
Baggage
Date & time of scheduled arrival of flight _____
Actual Date & time luggage was returned to you _____
Period of delay (must be within 6 hours of the schedule flight) _____

Amount Claimed _____
What are the emergency purchase bought _____
Documents Required : 1) Property Irregularity Report to the airline. 2) Original purchase receipts of clothing and prerequisites. 3) Airline's reply to Property Irregularity Report lodged.

Missed
Flight
Connection
Scheduled departure date and time of confirmed connecting flight _____

Actual departure date and time of confirmed connecting flight _____

Period of delay (must be at least 4 hours of arrival time of incoming flight) _____

Amount claimed _____
Documents Required : 1) Claimant's complaint letter to the airline on the delay of departure of the connecting flight and airline's reply. 2) Original receipts or invoices on hotel accommodation, meals and other reasonable expenses actually incurred.

Loss of/
Damage to
Baggage
and/or
Personal
Effects
Time Date and Place of loss/damage _____
Full circumstances of loss/damage _____
To whom did you report the loss _____
Did you report the loss to the police? Yes / No. If Yes, date reported _____

Address of police station _____
If loss/damage occurred in the custody of a carrier (airline, bus company, etc.)

Date reported to carrier _____
Name and address of carrier _____

Documents required for Loss of Luggage claims:

- Property Irregularity Report to claim from airline and airline's reply;
- Original purchase receipts of all items lost; and
- copy of police report lodged.

- Documents required for Damage to Luggage claim:**
- Property Damage Report to airline on the damage;
 - original receipts on the repair cost;
 - original photographs showing damages of the luggage; and
 - copy of police report lodged.

Baggage Initials of Owner	Details of items lost or damaged including make/model etc	Place Bought	Purchase Date	Purchase Price	Amount Claimed

Personal Accident

Name of Claimant _____
 Date and place of Accident _____
 How did it happen? _____

 Nature of injury (or official cause of death) _____

 Name of Doctor consulted abroad _____
 Name and address of doctor attending you _____

 Name and address of usual doctor (if different from above) _____

Documents Required : Completed Medical Certificate or Death Certificate

DECLARATION

I declare to the best of my knowledge that the above particulars are true.

Signature _____ Date _____

MEDICAL CERTIFICATE

This Certificate to be furnished at the claimant's expense and to be completed by the usual Doctor of the person who is the claimant

1. Patient's Name _____
2. (a) Are you the patient's usual Doctor? YES / NO (b) If Yes for how long? _____
3. Describe (a) Accidental Injuries (b) Cause of Death (c) Illness of Patient _____

4. Date medical treatment first sought for this condition _____
5. History of this condition or any relevant condition with dates of treatment. If none, please so state

6. If you were treating the patient prior to the holiday was he/she fit to travel at date of booking which was
 _____ YES / NO

Date _____ Signature _____ Qualifications _____
 Address _____