Travel Claim Form

Email
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+673 333 1222

NATIONAL
INSURANCE COMPANY BERHAD
In association with Allianz

Reminder

1. When completing the appropriate section please ensure that it is completely filled out. If the space provided is not sufficient, please provide the requested information on a separate sheet and attached it to the claim form.
2. If the document is in a foreign language, you are required to provide an English translation at your own expense.
3. As each claim is unique, further information may be requested by us.
4. If any part of your claim is dishonest or fraudulent in nature, your claim will be denied and we reserve the rights to refer the matter to the appropriate authorities.
5. If you do not wish to pursue this claim after your submission, please write in to inform us immediately.

Documents Required to be Submitted

- ☐ Medical Bills and Medical Report
- ☐ Letter from Airline on Travel Delay
- ☐ Receipts for meal, accommodation on Missed Flight
- ☐ Property Irregularity Report
- ☐ Pictures of Damage Baggage
- ☐ Police report
- ☐ Invoice on trip cancellation / curtailment
- ☐ Confirmation Letter on refund amount
- ☐ Complete Flight Itinerary
- ☐ Baggage Tags and Boarding Pass
- ☐ Medical Report (*if trips is cancelled due to Death / Illness of family members*)

Purpose of Notification

☐ Medical / Dental and Other Expenses	☐ Baggage Delay or Personal Effects
☐ Loss of Deposit or Cancellation / Curtailment	☐ Travel Delay or Missed Flight Connection
☐ Personal Money and Travel Documents	

Policy Details

Policy Number	

Policyholder's Details

Policyholder Name			
Name of Claimant			
Identity Card Number / Passport Number			
Contact Number	(M)	(O)	(H)
Email Address			

Medical / Dental and Other Expenses

Date of Accident / Injury / Illness	Type of Injury and/or Sickness	Place of Incident

Was claimant admitted to the hospital?	☐ Yes ☐ No
Date of Admission	
Date of Discharge	

Travel Delay / Missed Flight Connection

Date of Scheduled Flight	Time and Place of Departure	Flight No. and Name of Airline
Date of Actual Flight	Time and Place of Departure	Flight No. and Name of Airline

Reason for Travel Delay, Missed Flight Connection and/or Overbook Schedule Public Conveyance

Baggage Delay / Personal Effects

Arrival Date and Time	
Date & Time that your luggage was returned	
Details of loss or damage to personal effects	
Location, Date and Time of damage / loss occurred	
Was the incident report to Airline?	☐ Yes ☐ No
Have the damaged and/or stolen items been replaced?	☐ Yes ☐ No

Description of Items Lost / Damaged	Year and Place of Purchase	Original Purchase Price	Claim Amount

Personal Money / Travel Documents

Date, Time and Place of Loss	
Particulars of any Personal Money Lost	
State the amount of Personal Money lost	
Was the incident report to Airline?	☐ Yes ☐ No
Particulars of any Travel Documents Lost	
State type of Travel Documents lost	
Were the Travel Documents replacement issued?	☐ Yes ☐ No

Loss of Deposit or Cancellation / Curtailment

Date of Original Booked Trip	
Date of Trip Cancellation	
Details of Cancelled and/or Curtailed Trip	
If trip was cancelled and/or curtail due to medical reason, please state.	

Relationship to the person taken ill or injured	
Was there any Refund received?	☐ Yes _____ ☐ No
Were there any Cancellation charges?	☐ Yes _____ ☐ No
Please state the amount to be claimed	

Payment Details

Please note that payment will be made to you via online payment.
Kindly provide us with your banking details as follow:

Payee / Beneficiary's Name	
Payee / Beneficiary's Account Number	
Payee / Beneficiary's Bank Name	
Payee / Beneficiary's Address	
Payee / Beneficiary's Identity Number	

Declaration by the Policyholder and Claimant

I/We declare that the answers given to me/us in this form are in every respect true and correct and that no material information that is likely to affect this claim has been withheld nor any relevant circumstances omitted.

I/We agree to the Company seeking information in connection with this claim form any source and I/We authorize the giving of such information in order to handle my/our claim.

_____ _____

Policyholder's Signature
Date:

Claimant's Signature
Date:

For Claims Department Use

Received by National Insurance Company Berhad, on _____ by _____.