

Travel Claim Form

**Please note:**

The acceptance of this form is not an admission of liability on the part of Safe Meridian or the Insurer. Any documentary proof or report required by us shall be furnished at the expense of the Member.

Required documents for all types of claim – A copy of the passport and travel documents showing the duration of the trip, booking dates, departure dates, and return dates. To ensure there is no delay in processing your claim, please return this claim form duly completed with all supporting documents. Please note that we reserve the rights to request additional documents or information as we deem necessary. Written notice must be given to us within 30 days of any event giving rise to a claim under the policy.

Please complete this form clearly in BLOCK letters.

Please mail the completed claim form, with all relevant supporting documents to:

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583

① Policy and Claimant Information

Name of Policyholder: _____ Policy Number: _____

Telephone Number (+ country code): _____ Mobile Number (+ country code): _____

Email Address: _____

Name of Claimant (if different from the above): _____

Member Number: _____ NRIC/Passport Number: _____

Date of Birth (dd/mm/yyyy): _____ Gender: Male Female

Country(s) to which you travelled: _____ Purpose of Trip: Business Vacation

Place where accident/incident/loss occurred: _____ Date (dd/mm/yyyy): _____ Time: _____

Full description of the accident/incident/loss: _____

Are there any other insurance policies in force, or has compensation been received or will be received from a third party? Yes No
If 'Yes', please specify the name of the insurer/third party, product name (if applicable), and amount compensated:

② Bank Account Details

You may provide your bank details below. In the event we cannot settle in the currency requested, we will reimburse in the currency of your policy. If this section is not completed, we will reimburse the eligible amount to the last bank account we have on record for you.

Currency in which you would like to be reimbursed: _____

Account Name:			
Account Number:		IBAN*:	
Bank Name:		BIC/Swift Code:	
Bank Code:		Branch Code:	
Branch Address:			

*IBAN is required if your bank is within the EU, or if your country requires an IBAN (e.g. Qatar, Saudi Arabia, Turkey).

③ Claim Details

A. Personal Accident

Please furnish Police Reports, Witnesses' Statements, Death Certificate, Autopsy Report, Coroner's findings, Proof of relationship (Marriage Certificate / Birth Certificate) and any other supporting documents as necessary.

Commencement Date of Disablement:

Date & Time of Death:

Details of any witness or witnesses to this event:

Name of Witness	Address	Contact Number

Details of any hospitalization in connection with this accident/injury:

Name of Hospital & Attending Doctor	Address	Contact Number

B. Baggage & Personal Effects / Loss of Money & Travel Documents

Please furnish Police Reports, original purchase receipts, baggage irregularity reports, and any other supporting documents as necessary.

Location of police station, name of airline/carrier, or other authorities where report was lodged:

Details of damaged, stolen, destroyed, or lost personal effects (if there is insufficient space, please provide details in separate sheets):

Description of Item	Date & Place of Purchase	Original Purchase Price & Currency	Depreciation for Wear & Tear	Currency & Amount Claimed

Details of Loss or Theft of Money:

Currency & Amount taken on trip		Currency & Amount loss/stolen during the trip	
Cash	Traveler's Cheque	Cash	Traveler's Cheque

Details of Loss of Travel Documents:

Description	Date	Currency & Amount
Travel Document Replacement Costs		
Additional Travel Expenses		
Additional Accommodation Expenses		

C. Baggage Delay

Please attach boarding pass, baggage acknowledgement slips, baggage irregularity reports, and any other correspondence from the airline/carrier.

Carrier Details	Collection of Delayed Baggage
Scheduled Arrival Date:	Actual Arrival Date:
Scheduled Arrival Time:	Actual Arrival Time:
Place of Departure:	Place of Collection:
Carrier Trip/Flight Number:	
Name of Airline/Carrier:	

D. Travel Cancellation / Curtailment / Postponement

Please attach documents from carrier/travel agent, and any relevant documents to support your claim.

When and where was the trip booked?

Intended Departure Date:

Date of Cancellation:

Why was the trip cancelled/curtailed?

Currency & Amount paid to you:

Currency & Amount recovered from other sources:

Currency & Amount Claimed:

E. Travel Delay / Misconnection / Travel Diversion

Please attach letter from airline/carrier stating the reason and duration of delay.

Original Carrier Details	Replacement Carrier Details
Departure Date:	Departure Date:
Departure Time:	Departure Time:
Place of Departure:	Place of Departure:
Carrier Trip/Flight Number:	Carrier Trip/Flight Number:
Name of Airline/Carrier:	Name of Airline/Carrier:

F. Others (Child Protection, Mobile Phone Charges, Hijack, Overbooked Flight, Personal Liability, Loss of Use of Hotel Facilities, Home Protection, Terrorism, Rental Car Excess Charges)

In respect of any other claim which does not fall within sections A to E above, please provide details of the claim you are submitting here. If the space below is insufficient, please use a separate sheet of paper.

④ Data Protection Notice

By signing this form, you confirm you have read, understood, agreed, and consented to Safe Meridian:

- collecting, using, processing, and/or disclosing your personal data;
- collecting personal data about you from sources other than yourself and using, processing, and/or disclosing the same; and
- disclosing and/or transferring your personal data to the participating Insurers, Claim Administrator, Assistance Company, third-party service providers or vendors, and our professional advisors, wherever they are sited,

for the purposes stated in Safe Meridian's Data Privacy Policy.

If you have declared any personal data relating to other individuals, you agree to inform the individual(s) about the content of our Data Privacy Policy, and obtain prior consent to act on their behalf to allow for the collection, use, disclosure, and transfer of their personal data in accordance with our Data Privacy Policy.

For details of our Data Privacy Policy, please visit our website: <https://www.safemeridian.com>

⑤ Declaration & Authorization

Please read the following carefully, and sign below if you understand and accept:

1. I declare that, to the best of my knowledge, all information supplied in this claim form is true, accurate, and complete.
2. I understand and agree that should I make any false, fraudulent or intentionally exaggerated claims, or withhold material facts whatsoever in respect of this claim, the policy will be cancelled without refund of the premiums already paid, and I shall forfeit all rights to recover therein.
3. I consent to the handling of my personal data declared and provided in this claim form, in accordance with the Data Protection Notice as described above.
4. I authorize any hospital, healthcare provider, and/or doctor who has ever attended or treated me, to provide Safe Meridian, the Insurer or their appointed authorized representatives, with any and all information and medical records relating to any illness or injury, as may be necessary to access this claim.
5. I authorize _____ to act for and on my behalf in relation to the administration of this claim, which may include the disclosure of sensitive personal information.
6. I agree that a photocopy, facsimile or scan of this authorization shall be considered as effective and valid as the original.

Name of Claimant:	Signature of Claimant:	Date (dd/mm/yyyy):
Name of Policyholder:	Signature of Policyholder (if Claimant is under 18):	Date (dd/mm/yyyy):

Underwritten by: QBE Insurance (Singapore) Pte Ltd
A member of the worldwide QBE Insurance Group
Singapore Company Registration No. 198401363C
1 Raffles Quay #29-10, South Tower, Singapore 048583

Arranged by: Safe Meridian Pte. Ltd.
Singapore Company Registration No. 201541480K
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