



**Claim Summary**

Policy Certificate No:	Policy Type	Individual	Organization / Company	Family
Policy Holder Name:	Claimant Name:			

Claims will be paid to policy holder. In the event of policy holder's death, claims will be paid to the policy holder's nominees (if any) or estate. For Organization/Company claims, please indicate number of claimants and attach list of claimants' names.

**Claimant Particulars**

NRIC No:	Mailing Address:
Contact No:	Citizenship:
Are you a citizen of the United States?      Yes      No	Type:      New Claim      Existing Claim
If Yes, please provide your social security number:	Travel Guard Case Reference Number, if applicable :
Scheduled Travel Period	Incident Time :      AM/PM
Departure from Malaysia :      DD/MM/YYYY	Incident Date      DD/MM/ YYYY
Arrival in Malaysia :      DD/MM/YYYY	

**Incident Summary** ( This may be completed in English / Malay / Chinese )

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<b>Basic claim documents required for all travel claims</b>	
Duly completed & signed Travel Claim Notification Form	Proof of Travel (Travel Itinerary or e-Ticket or Boarding Pass showing the departure and arrival in Malaysia)
Fully completed E-Payment Form	

<b>Bank Account Details for E-Payment</b>	
Account Holder's Name (must be in the name of Policy holder / Insured person):	Bank Name:
Account Holder's ID (must be same as bank record):	Bank Account No. :
NRIC (new)      Passport No	
NRIC (old)      Business Registration No	
Email Address:	

<b>To be completed by Agent/Broker (if applicable):</b>		
Company Name :	Contact Person :	Contact No. :
Producer Code :		Email Address :
Mailing Address :		

**DECLARATION AND AUTHORIZATION**

I do solemnly declare that the particulars contained in this form are full, complete, true and accurate in every detail. I agree that if I have made, or, in any further declaration in respect of the said claim, if I shall make any false or fraudulent statements or suppress, omit to disclose, or falsely state any material fact whatsoever, this claim shall be voided and all rights of recovery in connection with this claim shall be forfeited.

I/We hereby authorize any person, organization, institution, physician, clinic, hospital, insurance company or third parties to provide AIG Malaysia Insurance Berhad and its representative the full particulars about my insurance policy details, billing information, medical history and other information in connection with my insurance claim(s). I/We further consent to the disclosure of all such information and records (including medical information) by you to any insurers, re-insurers, solicitors, my employer, agents/brokers and other third parties in connection with my insurance claim(s). A duplicate of this authorization shall be as effective and valid as the original.

I further authorize AIG Malaysia Insurance Berhad to release payment via direct credit or GIRO to the above Bank Account. I understand that AIG Malaysia Insurance Berhad relies on the above information and instruction in order to make payment and such payment shall be a valid discharge of AIG Malaysia Insurance Berhad's liability under the policy. I hereby indemnify AIG Malaysia Insurance Berhad for any damages, losses, claims, costs and/or expenses incurred by AIG Malaysia Insurance Berhad, arising from or in connection with payments made to the Bank Account in accordance with my instructions herein.

Signature of Policy Holder/ Insured Person /Company Rubber Stamp

Date Signed

\* Please fill up all relevant fields here, especially Incident Date, Incident Summary and Bank Account Details.

**Section B1 : OVERSEAS MEDICAL EXPENSES (including Daily Hospitalization Income)**

<b>Documents required for Medical Expense</b> ● Medical report or proof of diagnosis ● Original hospital billing statement & medical payment receipts ● Proof of hospitalization & medical report		
Name of Hospital/Clinic:	Date Admitted: DD/MM/YYYY Date Discharged: DD/MM/YYYY	Date First Symptom Appeared: DD/MM/YYYY
Overseas Medical Expenses Overseas Dental Expenses Follow Up Medical Treatment in Malaysia	Name of Doctor Consulted:	Doctor's Contact (Email Address / Tel No.) :
Date of First Consultation with Doctor/Hospital: DD/MM/YYYY	Nature of Injury/ Diagnosis of Sickness :	Claim Amount (Please indicate currency):

**Section B2 : EMERGENCY MEDICAL RELATED EXPENSES**

**Compassionate Visit / Child Guard / Emergency Telephone Charges and Internet Use/ Out-of-country COVID-19 Diagnosis Quarantine Allowance**

<b>Documents required for Compassionate Visit/ Child Guard / Oversea Inconvenience Allowance due to Hospitalization</b> ● Original receipts for accommodation, communication, travel and meal expenses incurred ● Death certificate (if due to death of insured person) ● Post-mortem report (if due to death of insured person) <b>Documents required for Emergency Telephone Charges and Internet Use</b> ● Proof of hospitalization & medical report ● Original receipts for telephone charges and internet use expense incurred		
Benefit Claimed: Compassionate Allowance Child Guard Oversea Hospitalization Allowance Emergency Telephone Charges and Internet Use Out-of-country COVID-19 Diagnosis Quarantine Allowance	Relationship to Insured Person : Self Relative Travel Companion Family Member Friend	
Additional Accommodation Expense Incurred:	Additional Transportation Expense Incurred:	Other Expense Incurred:

**Section F : TRAVEL RELATED INCONVENIENCE**

<b>Documents required for the following benefits:</b> <b>Travel Misconnection</b> ● Written confirmation from Common Carrier confirming the flight misconnection details and actual departure time of the connecting flight <b>Travel Delay</b> ● Written confirmation from Common Carrier confirming the delay duration and reason of delay ● Email/Letter/SMS notification from the airlines that show the date and time notification of delay <b>Travel Re-Route</b> ● Written confirmation from Common Carrier confirming the reason of re-route and the actual arrival time at the destination					
Travel Misconnection		Travel Delay		Travel Re-Route	
	Departure Date & Time	Arrival Date & Time	Flight No.	From	To
Original Itinerary					
Actual Itinerary					
Reason of Delay: Weather Condition Airline Operational Issue Other. Please specify _____ Natural Disaster Terrorist Act Equipment Failure Strike			Carrier Type : Flight Cruise Other. Please specify _____ Train Ferry		

**Section A : TRIP CANCELLATION**

**Section D : TRIP CURTAILMENT**

**Section E : TRIP INTERRUPTION**

Documents required for Trip Cancellation/Alteration/Curtailment/Interruption: ● Original Payment Receipts with breakdown of the expenses paid for the trip ● Letter from Travel Agent confirming the insured's absence and refund amount (If nil refund, please state the reason or provide proof of denial from relevant parties) ● Letter from Travel Agent confirming the insured's absence and refund amount				● Medical Report & Proof of Hospitalization (if applicable) ● Death Certificate (if applicable) ● Proof of relationship (such as marriage certificate, birth certificate)			
Benefit Claimed							
Trip Cancellation		Trip Alteration		Trip Curtailment		Trip Interruption	
Reason for Trip Cancellation / Curtailment / Interruption :				Did you purchase return ticket back to Malaysia before departing from Malaysia?			
Family / Companion's condition		Your medical condition		Natural Disaster			
You being made redundant		Terrorist Act		Strike		Yes                  No	
Due to Covid 19		Other. Please specify _____					
If the loss is due to medical condition of your immediate family member or travel companion, please state his/her:							
Full name :		Relationship to you :		Diagnosis :			
Forfeiture of Expenses Paid In Advance (For Trip Cancellation / Trip Curtailment)							
Amount of accommodation expense forfeited:		Amount of transportation expense forfeited		Cost of excursion/tour forfeited			
Have you cancelled the hotel or ticket?		Amount compensated or refunded by airline, hotel or travel agent					
Yes                  No							
Additional Expenses Paid (For Trip Curtailment / Trip Interruption / Trip Alteration)							
Note: Trip Interruption means you continue the trip after the event while Trip Curtailment means you need to return to Malaysia after the event.							
Documents required for additional Expense incurred as a result of Trip Curtailment / Trip Interruption:							
● Medical report or proof showing the cause of trip interruption							
● Payment receipt for additional transportation / hotel / car parking expense							
● Payment receipt / invoice for expense incurred for continuing your trip							
Amount of accommodation expense forfeited:		Amount of transportation expense forfeited		Extended Car Parking in Malaysia expense			
				RM			

**Section I : PERSONAL LIABILITY**

Documents required for Personal Liability	
● Any lawsuit, demand, claim or proceeding of any type relating to the incident of which the claimant becomes aware of, and received from the third party claimant, should be immediately forwarded to us without acknowledgement. No liability should be admitted and no settlement or promise of payment should be made to the third party <u>without our prior written approval</u>	
Full description of the incident (how, when and where it happened) and the extent of damage / loss :	Claim Amount :
For Personal Liability Claim only	
Full name of Third Party claimant :	Telephone Number :
Full name of witness(es) if any :	Telephone Number :

**Section K : CAR RENTAL EXCESS CHARGES & RETURN COSTS**

Documents required for Car Rental Excess Charges & Return Costs		
● Car Rental Agreement	● Payment Receipt of Car Rental Excess & Return Cost (if applicable)	
● Photos showing the condition of damaged vehicle	● Police Report (if applicable)	
Full description of the incident (how, when and where it happened) and the extent of damage:	Claim Amount :	
Repair Cost Paid By Other Insurance Company:	Repair Cost Paid By You:	Car Rental Return Cost due to your hospital confinement:

**Documents required for the following benefits:**  
**Loss of Baggage / Personal Effects / Travel Documents / Money / Loss of Home Contents**

- Police Report detailing the circumstances of loss
- Insured's account on the exact description of the incident
- Original Purchase Receipts depicting the cost of lost item and year of purchase
- Demand letter holding the Hotel responsible for the loss and Photographs depicting damages sustained (if loss occurred in a hotel room )
- Property Irregularity Report & Letter issued by Common Carrier confirming the loss and their offer of compensation (for baggae /personal effects check in with common caurier)
- Original Receipts for replacement of passport/visa, accommodation, communication,travel and meal expenses incurred (specific for loss of travel documents)
- Photographs of the damaged property/houssehold content

**Baggage Delay**

- Property Irregularity Report issued by Common Carrier
- Baggage Return Delivery Note or Written Confirmation from Common Carrier confirming the delay duration

**Baggage Damage**

- Property Irregularity Report issued by Common Carrier
- Original Purchase Receipt or Repair Receipt

**Fraudulent Use of Credit Card**

- Police Report & Bank Report detailing the circumstances of loss and result of investigation
- Credit card bill showing the unauthorized transaction
- Original payment receipt for replacing credit card

Benefit Claimed :

Baggage Delay	Loss of Personal Money	Loss of Travel Documents
Loss of Personal Effects	Baggage Damage	Fraudulent Use of Credit Card

**Applicable for Baggage Delay Claim only**

Flight No :	Arrival Date :	Arrival Time :	Date Receipt of Baggage : DD/MM/YYYY	Time Receipt of Baggage : AM/PM
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**Applicable for Loss of Personal Money / Travel Documents / Personal Baggage Item / Loss of Home Contents**

Was the loss reported to police/common carrier/hotel?  Yes                      No	Did the common carrier/hotel offer compensation in any form (including repair / replacement)?  Yes, please specify: _____                      No offer
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Item Description	Original Price	Date of Purchase	Original Receipt Available?

**For Fraudulent use of Credit Card**

Unauthorized Transaction	Date of Transaction	Date Reported To Bank	Date Reported To Police

Note: if the space provided is insufficient for your answer, please continue on a separate sheet.