

Please complete all sections to facilitate the processing of your claims.

1. Proof of travel i.e. Copy of Arrival/Departure stamps or boarding pass together with passport copy
2. This form is issued without admission of liability
3. Any documentary proof or report required by Liberty Insurance shall be furnished at the expense of the Policyholder or Claimant

Information of Policyholder

Name of Policyholder:	Policy No.:
_____	_____

Information of Claimant

Name of Claimant:		NRIC/FIN No.:
_____		_____
Email:		Contact No.:
_____		_____
Mailing Address:		
_____		Postal Code ()
Gender:	Occupation:	
<input type="checkbox"/> Female <input type="checkbox"/> Male	_____	
Are there any other policies of insurance in-force covering you in respect of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state:		
Name of Insurance Company:		Policy No.:
_____		_____
Type of Policy:	Amount of Compensation:	
_____	_____	
Have you ever had any previous claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state:		
Name of Insurance Company:		Date of Previous Claims:
_____		_____
Circumstances:		Amount Claimed:
_____		_____

Details of Accident/Loss/Injury/Sickness

Date of Accident/Loss/Injury/Sickness:	Time of Accident/Loss/Injury/Sickness:	Place of Accident/Loss/Injury/Sickness:
_____	_____	_____
Brief Description of Accident/ Loss/ Injury/Sickness:		

Have you ever suffered any similar condition/recurrence of a previous illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:		

Amount Claimed in respect of Medical Expenses

Date of Treatment	Details of Medical Expenses Incurred	Currency & Amount Paid

Please provide original medical bills and/or medical reports/memo from the attending doctor stating the diagnosis or nature of the injury/sickness.

Travel Delay/Flight Misconnection

Details of Original Flight			
Flight No.:	Date of Departure:	Time of Departure:	
_____	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Place of Departure:			

Details of Delayed Flight			
Flight No.:	Date of Departure:	Time of Departure:	
_____	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Place of Departure:			

Please provide the following:

- a. E-ticket or original flight itinerary
- b. Letter from Transport Provider confirming the cause and number of hours of delay

Baggage Delay

Flight No.:	Date of Arrival:	Time of Arrival:	
_____	_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Date of Baggage Collected:	Time of Baggage Collected:		
_____	<input type="checkbox"/> AM	<input type="checkbox"/> PM	

Please provide the following:

- a. E-ticket or original flight itinerary
- b. Property Irregularity Report
- c. Baggage Acknowledgement Slip

Trip Cancellation/Curtailment

Reason for Cancellation/Curtailment:		
Intended Date of Departure:	Date of Cancellation of Trip:	Amount Paid by You:
_____	_____	_____
Amount Refunded:	Amount Claimed:	
_____	_____	

Trip Cancellation/Curtailment

If Trip/Curtailment has caused any medical condition, has the patient suffered from this condition before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state:		
Name of Doctor consulted:	Date of Consultation:	
<hr/>		
Mailing Address:		Postal Code ()
<hr/>		

Please provide the following:

- a. Supporting documents for trip cancellation/curtailment
- b. Tour booking invoice/receipt
- c. Letter from Travel Agency/airline confirming the non-refundable amount of travel costs paid in advance

Loss/Damage to Baggage & Personal Effects

Date of Loss/Damage:	Time of Loss/Damage:	Place of Loss/Damage:		
<hr/>				
Please provide full details of circumstances leading to the loss/damage. (please retain damaged articles for inspection if necessary)				
<hr/>				
Has this Loss/Damage been reported to the relevant authorities?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, please state reasons:				
<hr/>				
State the amount of compensation from the authorities (e.g. airline)				
<hr/>				
Description of Property Lost/Damaged (Brand/Model)	Owner of Property	Date of Purchase	Original Purchase of Price	Original Receipts
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state reasons for non-submission of original receipts (if applicable)				
<hr/>				

Please provide the following:

- a. Original purchase receipts/invoices of the lost/damaged items
- b. Written report(s) lodged with Police, Local Government Authority/Transport Provider/Singapore Embassy (whichever applicable)
- c. Photographs of damaged items

Others

If you have any other claim, which does not fall within the sections stated above, please provide details here: _____

Bank Account Information for Electronic Transfer

Name of Bank:	Bank Code:	Branch Code:
_____	_____	_____
Bank Account No.:	Name of Bank Account Holder:	
_____	_____	

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

PERSONAL DATA PROTECTION

Liberty Insurance Pte Ltd (“**Liberty**”) takes the responsibilities under Singapore’s Personal Data Protection Act 2012 (the “**PDPA**”) seriously. We also recognize the importance of the personal data you have entrusted to us and believe it is our responsibility to properly manage, protect and process your personal data.

The personal data which Liberty collect from you in this claims form, that previously collected and/or collect in the future, may be collected, used, disclosed and/or processed for one or more of the following purposes:

- a) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims
- b) investigating the accident and/or your claims
- c) carrying out and/or dealing with your instructions or responding to any enquiries by you
- d) conducting research, in-house training, analysis and development activities (including but not limited to data analytics, surveys (such as insurance survey, customer service survey, branding survey), branding campaign, quality assurance, product and service development and/or profiling) to improve Liberty’s services or products and/or to enhance the product or service for your benefit
- e) administering your claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages)
- f) investigating fraud, misconduct, any unlawful action or omission, whether relating to your claims or any other matter relating to your claim(s), storing, hosting, backing up (whether for disaster recovery or otherwise) of your personal data, whether within or outside Singapore
- g) recover debt owed to us
- h) complying with applicable laws in administering, processing, handling and/or dealing with your claims
- i) reinsurance administration/transactions
- j) Any other purposes which we notify you of at the time of obtaining your consent

(collectively the “**Purposes**”)

Liberty may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

You also consent that any other Insurer may/can collect from Liberty (and that Liberty may disclose to them), use, disclose (including disclose to Liberty) and/or process your personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by Liberty and/or any of the other Insurers to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties, would be processing your personal data for one or more of the above Purposes. In this regard, you hereby acknowledge, agree and consent that Liberty may/are permitted to disclose your personal data to such third parties (whether located within or outside Singapore) for one or more of the above Purposes and for the said third parties to subsequently collect, use, disclose and/or process your personal data for or more of the above Purposes including engaging and disclosing to their third party service providers or agents (whether sited in or outside of Singapore) to do so, and the aforementioned collection, use, disclosure and processing activities and permissions in this sub-clause apply to these third party service providers or agents and any third party service providers or agents they in turn engage and so on. Without limiting the generality of the foregoing, such third parties include:

PERSONAL DATA PROTECTION

- a) Liberty’s associated or affiliated organizations or related corporations
- b) any of Liberty’s agents, contractors or third party service providers who process your personal data on Liberty’s behalf including but not limited to those which provide administrative or other services to Liberty such as mailing houses, telecommunication companies, information technology companies, data storage or hosting companies, data centres, disaster recovery service providers, banks, medical professional, reinsurers, workshops
- c) lawyers/law firms, legal process participants and their advisors
- d) General Insurance Association Singapore (“GIA”)
- e) Monetary Authority of Singapore (“MAS”)
- f) any third party in connection with any proposed or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition or all or any portion of Liberty’s business, assets or stock (including in connection with any bankruptcy or similar proceedings); and/or
- g) third parties to whom disclosure by Liberty is for one or more of the Purposes and such third parties would in turn be collecting and processing your personal data for one or more of the Purposes

I/We have read and I/we accept the terms of Liberty’s Data Protection Policy at www.libertyinsurance.com.sg/data-protection-policy/.

DECLARATION

- 1) I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.

I authorize the release of any medical information necessary to process this claim.

- 2) The personal data of the individuals (the “**3rd Party Individuals**”) which I/we am/are providing to you in this form are accurate and complete. I/we warrant that I/we have obtained consent from the 3rd Party Individuals (or if lacking in legal capacity, his/her legal representatives, guardians or parents as the case may be) for Liberty to collect, use and disclose his/her personal data for the above purposes and on the terms in this document, and as if the said data are about me/us. I/We will inform Liberty of any changes to the data as soon as practicable.
- 3) I/We have read and agree to the above, including as to how my personal data may/will be collected, used, disclosed and processed by Liberty and others as stated above.

Date

Signature of Claimant

Date

Authorized Signature &
Company Stamp of Policyholder