MEGAINSURANCE

PT. Asuransi Umum Mega
Menara Bank Mega lt. 18
Jl. Kapten Tendean 12-14A
Jakarta 12790
T.(021) 7917 5588
F.(021) 7917 5024, 7917 5018
www.megainsurance.co.id

TRAVEL INSURANCE CLAIM FORM

Personal Accident & Medical Benefit

This issue of this form is not an admission of liability and is without prejudice

ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Name of Insured : (Mr./Mrs./Miss/Ms) ____________________

Occupation : ____________________

Date of Birth : ____________________

Policy No. : ____________________

Period of Journey : ____________________ to ____________________

(For prompt settlement please attach original or Photostat copy of Insurance Certificate)

Flight No.

Address : ____________________

____

Telephone : Home ____________________ Business ____________________

Name of Claimant : ____________________

Age : ____________________ Sex ____________________

Relationship With Insured : ____________________

IF CLAIMING UNDER A CORPORATE TRAVEL POLICY THE FOLLOWING SECTION IS TO BE COMPLETED BY AN AUTHORISED OFFICER OF THE INSURED COMPANY.

1. Name of Insured Company : ____________________
2. Insured's relationship to Company : ____________________
3. Did the loss occur whilst on Authorized Business Travel? ____________________

   Was an air trip involved in the travel ? ____________________
4. Details of journey : From ____________________ Departure Date ____________________

   To ____________________ Return Date ____________________

Signed ____________________ Position held ____________________

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INFORMATION AUTHORITY AND WARRANTY

I, ______________________________ (Name of signature) hereby authorize any hospital, physician or other person who has attended me, or my employer or my accountant to furnish PT. Asuransi Umum Mega or its representatives with:

(i) All copy hospital and medical reports/notes;
(ii) All copy employment records and income tax returns; and
(iii) All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.

I agree that a Photostat copy of this authorization shall be considered as effective and valid as the original and specifically authorize its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that the PT. Asuransi Umum Mega relies upon the truthfulness of the particulars supplied by me in respect of the claim.

PRIVACY CONSENT

I consent to PT. Asuransi Umum Mega :

a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by or against me or on my behalf.
b) Disclosing my personal information to related entities of PT. Asuransi Umum Mega, staff members of PT. Asuransi Umum Mega located outside Indonesia, other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisers and the agent of any of these, insurance broker, insurance agent or other intermediary for the purposes of administering my claim or providing a report.
c) I understand that a copy of Travel Insurance policy statement may be obtained by writing to PT. Asuransi Umum Mega

I also declare that I have:
(1) * No other travel insurance with any insurance company.
(2) * Travel insurance with (name of insurance company).
* Please delete whichever is not applicable.

Date...   Signature...

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SECTION A - PERSONAL ACCIDENT

Type of injury or sickness : ______

Date of accident or commencement of sickness : ______

Injury - Give full details of Accident : ______

Date of First Medical Consultation : ______

Name of Doctor or : ______

Details of other treatment by Doctors/ Hospital : ______

Have you ever suffered from the same or sililar complaint in the past? Yes/ No

If Yes, give details, dates, etc. : ______

What was the cause of death? : ______

SECTION B – MEDICAL BENEFIT

(MEDICAL EXPENSES, EVACUATION & REPATRIATION, COMPASSIONATE VISIT, RETURN OF MINOR CHILD)

Type of injury or sickness : ______

Date of accident or commencement of sickness : ______

Injury - Give full details of Accident : ______

Date of First Medical Consultation : ______

Name of Doctor or Hospital : ______

Details of other treatment by Doctors/ Hospital : ______

Dates in Hospital: Admitted : ____ / ____ / ____ am / pm

Discharged: ____ / ____ / ____ am / pm

Have you ever suffered from the same or sililar complaint in the past? Yes/ No

If Yes, give details, dates, etc. : ______

What was the cause of death? : ______

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TRAVEL INSURANCE CLAIM FORM

Travelling Convenience

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ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Title : Mr./Mrs./Miss/Ms* ____________________

Name of Insured : ____________________

Occupation : ____________________

Date of Birth : ____________________

Policy No. : ____________________

Period of Journey : ____________________ to ____________________

(For prompt settlement please attach original or Photostat copy of Insurance Certificate)

Address : ____________________

IF CLAIMING UNDER A CORPORATE TRAVEL POLICY THE FOLLOWING SECTION IS TO BE COMPLETED BY AN AUTHORISED OFFICER OF THE INSURED COMPANY.

1. Name of Insured Company : ____________________
2. Insured's relationship to Company : ____________________
3. Did the loss occur whilst on Authorized Business Travel? ____________________

   Was an air trip involved in the travel ? ____________________

SECTION C1 - BAGGAGE AND PERSONAL EFFECT

(Please furnish Police Report and original purchase receipts)

Item	Description	When and Where purchased	Original Purchase price	Depreciation	Amount Claimed

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SECTION C2 – BAGGAGE DELAY (Please attach Boarding Pass and Baggage)

Flight Details	Collection of Delay Baggage
Arrival Date:	Date:
Arrival Time:	Time:
Place of Departure:	Place:
Flight No.	
Name of Airline:	

SECTION C3 & C4 – FLIGHT DELAY & ACCOMODATION COST DUE TO FLIGHT DELAY

(Please attach letter from Airlines/Carrier and Boarding Pass)

Original Flight Detail		Delayed Flight Details	
Date :	Time :	Date :	Time :
Place of Departure :		Place of Departure :	
Flight No. :		Flight No. :	
Name of Airline :		Name of Airline :	
Cause of Delay :			
Duration of Delay			

SECTION C5 – TRIP CANCELLATION AND LOSS OF DEPOSIT

(Please attach documents from carrier/travel agent and receipt of Deposit)

When and where was holiday booked : ____________________

Intended Departure Date : ____________________

Date of Cancellation : ____________________

What caused the trip cancellation? : ____________________

Amount paid by you : ____________________

Total Refund : ____________________

Amount Claimed : ____________________

SECTION C6 & C7 – TRIP CURTAILMENT

(Please attach documents from carrier / travel agent)

When and where was holiday booked : ____________________

Intended Departure Date : ____________________

Date of Cancellation : ____________________

What caused the trip cancellation? : ____________________

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SECTION C8 – AIRCRAFT HIJACKING

(Please attach reports from media and carrier)

Flight No. : ______

Date

Location of Hijack : ______

Period of Hijack : ______ Hour (S) ______

SECTION C 9 – LOSS OF TRAVEL DOCUMENT & CASH MONEY

(Please attach Police Report)

Describe briefly circumstances giving rise to the loss or damage : ______

Give details of Travel Document lost and amount of Cash Money : ______

SECTION C10 – MISCONNECTION FLIGHT

(Please attach letter from Airlines/Carrier and Boarding Pass)

Flight No. : ______ Date : ______

Scheduled departure date : ______ Time : ______

Final departure date : ______ Time : ______

SECTION C11 – TRIP POSTPONEMENT

(Please attach documents from carrier/travel agent)

What caused the trip Postponement? : ______

Amount paid by you: ______

Total Refund: ______

Amount Claimed: ______

SECTION C12 - OVERBOOKED FLIGHT

(Please attach letter from Airlines/Carrier and Boarding Pass)

Flight No.

Scheduled departure date: ______ Time: ______

Final departure date: ______ Time: ______

SECTION D1 - HOME GUARD DUE TO FIRE AND BURGLARY

(Please attach Report from Local Police and/or Public Authorities)

Describe briefly circumstances giving rise to the loss or damage: ______

Describe briefly circumstances giving rise to the loss or damage: ______

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SECTION D2 - THIRD PARTY LIABILITY

Describe briefly incident giving rise to any legal liability to third party : ____________________

Date of incident : ____________________

BODILY INJURY

Name and Address of Injured Party : ____________________

DETAILS OF INJURY

Is the Injury or Damage related to a travelling companion?

YES/NO Is this person related to You? YES/NO ____________________

DAMAGE TO THIRD PARTY PROPERTY

Name and Address of Party claiming against You: ____________________

Describe Property Damage: ____________________

Do you consider you were at fault? YES/NO (If yes, why) ____________________

SECTION D3 – LOSS OR DAMAGE OF GOLF EQUIPMENT

(Please attach Boarding Pass, Baggage Irregularity Report, Baggage acknowledgement slip and any other correspondence from the Airlines)

Flight Details

Flight No. : ____________________
Date : ____________________
Time : ____________________
Place of Departure : ____________________
Name of Airline : ____________________

Detail Golf Equipment

Bag : ____________________
Brand : ____________________
Type : ____________________
Description of Loss : ____________________

SECTION D4 - OWN RISKS INSURANCE FOR CAR RENTAL

(Please attach Driving License and Rental Agreement)

Date of accident: ____________________

SECTION D5 – CREDIT CARD SHIELD

(Please attach Billing Statement)

Date of accident or commencement of sickness: ____________________

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SECTION D6 - TELEPHONE COST DUE TO MEDICAL

(Please attach the Historical Calling)

Phone Number: ____________________

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements of suppress conceal or falsely state any material fact whatsoever the Policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Date ____________________________________ Signed here _____________________________
(Claimant)