



TRAVEL INSURANCE CLAIM FORM

Policy Number		Type of Policy <input type="checkbox"/> Single Trip <input type="checkbox"/> Annual
Insurance Plan: <input type="checkbox"/> A+ <input type="checkbox"/> A <input type="checkbox"/> B		Policy Period: From YYYY/MM/DD To YYYY/MM/DD

Insured's Information
Full Name _____ ID/ Passport No. _____ Address _____ Postcode _____ Telephone No. _____ Fax _____ Email _____

Claimant's Information
Full Name _____ ID/ Passport No. _____ Relationship to Insured Person _____

Travel Details									
Departure Date _____ Return Date _____									
Which country/ city did the loss/ accident/ incident occur?									
Are there any other insurance policies covering you for this incident? If Yes, please declare details below.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name of Insurer</th> <th style="width: 33%;">Policy Number</th> <th style="width: 33%;">Amount Recoverable</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Insurer	Policy Number	Amount Recoverable						
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Type of Claim (Please tick ONLY those applicable to you)
1. <input type="checkbox"/> Personal Accident When and What injuries have been sustained? _____ These injuries resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Permanent Total Disability <input type="checkbox"/> Permanent Partial Disability
2. <input type="checkbox"/> Medical Evacuation or Repatriation, Return of Minor Children & Compassionate Visit Overseas
3. <input type="checkbox"/> Repatriation of Mortal Remains or Funeral Expenses

11.1 Winter Sports Equipment

Details of Items Claimed	Date of Purchase	Claim Amount

Give full details of how loss/ damage/ theft occurred. (Specify each event including the date and time)

Documents Attached

- Local Police Report (Case No. _____) Original Purchase Receipt of Lost Item
- Original Receipt of Repair Quotation or Invoice Photos of Damaged Items
- Hire/ Replacement Receipt or Invoice Others (Please specify) _____

11.2 Piste Closure

What is the reason for piste closure?

Total number of days of piste closure _____

Documents Attached

- Resort Report Others (Please specify) _____

11.3 Lost Ski Pack

What is the reason for lost ski pack?

Please state the amount of pre-paid expenses that could not be utilized. _____

Documents Attached

- Local Police Report (Case No. _____) Medical Report
- Original Receipt or Invoice of Ski Passes, Hire or Tuition Fees Resort Report
- Others (Please specify) _____

Total Claim Amount:

Declarations

I declare to the best of my knowledge and belief that the information given is true in every respect. I agree that any concealment or incorrect statement in connection with this claim may result in prosecution and the policy shall become void.

Any persons from whom Royal & SunAlliance Insurance plc Shanghai Branch have collected information as aforesaid, shall have the right of access to and to request collection of any personal information concerning themselves, and the purpose of using such personal data. I understand that a request for such access can be made to the Compliance Officer of Royal & SunAlliance Insurance plc Shanghai Branch via, mail to 9F, HSBC Tower, 101 Yin Cheng East Road, Shanghai, China, or fax to (86 21) 6841-2700.

Claimant's Signature (18 yrs old & above) / Date

Insured's Signature (18 yrs old & above) / Date

* Please attach copy of air ticket or passport showing the period of the Journey for faster claims process.

For claims assistance, please call our CLAIMS HOTLINE on 800-820-5918 (9:00am to 5:30pm) every Monday to Friday.