

CHECKLIST - TRAVEL PROTECTOR

IMPORTANT NOTICE

In a case of a medical emergency, please call RHB ASSISTANCE Hotline 603-2171 2003 for assistance 24 hours anywhere in the world.

In the event of a claim, please notify in writing & mail to:-
RHB Insurance Berhad, Level 12, West Wing, The Icon, No. 1 Jalan 1/68F, Jalan Tun Razak, 55000 Kuala Lumpur
Tel : 03-2180300 / 21803200 Fax : 03-21616322 (Claims)

In no event should a claim be notified later than 45 days after the expiry of the insurance.

Section (s)	Type of Claim	Action / *Document(s) Required
	ALL CLAIMS	Duly completed and signed Claim Form. Original Certificate of Insurance. Airlines Ticket.
Plus the following where applicable :		
1	PERSONAL ACCIDENT	Medical report from the attending doctor abroad. Death Certificate. Post Mortem Report. Police Report.
2 & 3	MEDICAL EXPENSES & EMERGENCY MEDICAL EVACUATION AND REPATRIATION	Medical report from the attending doctor abroad. Original medical invoices and receipts for all amounts claimed (itemised). Original receipts for additional expenses claimed for cost of burial or cremation or transporting of mortal remains. Original receipts for additional expenses claimed for additional travel and accommodation.
4	HOSPITAL ALLOWANCE	A letter confirming the date of admittance and the date of discharge from the hospital.
5	BAGGAGE & PERSONAL EFFECTS	Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase. Police report detailing the circumstances and list of items stolen. If in the custody of 3rd party i.e. carrier, transporter, hotel etc., obtain written report from them on the incident and write an official complaint holding them responsible for the loss.
6	PERSONAL MONEY AND DOCUMENTS	Police report detailing the circumstances and list of items stolen. Original receipts for additional costs incurred in replacing lost travel documents.
7	BAGGAGE DELAY	Delay Baggage report from the carrier concerned confirming the duration of delay and reasons thereof. Original receipts, details & description of all essential items purchased.
8	PERSONAL LIABILITY	DO NOT ADMIT LIABILITY. Forward any correspondence from 3rd party unanswered to the RHB Insurance Bhd attention to the claims department immediately.
9	TRAVEL DELAY	A written confirmation from the carrier concerned confirming the duration of delay.
10	LOSS OF DEPOSIT OR CANCELLATION COVER	Medical report, Death Certificate etc as the case may be. Original receipts for payment of the tour. Tour operator's booking and cancellation invoices.
11	CURTALMENT	As Section 10 above. A written confirmation from the attending doctor abroad that it is necessary to return home. If due to hijacking or natural disaster, written confirmation from tour operator concerned confirming the incident. Boarding pass to confirm the actual date of arrival back to Malaysia.
12	OVERBOOKED FLIGHT	A written confirmation from the carrier concerned confirming the overbooked flight details & when the next alternative transportation is available.
13	HIJACKING	A written confirmation from the carrier concerned confirming the incident and duration.
14	MISSED DEPARTURE	Original receipts for expenses claimed for additional accommodation & travel expenses A written confirmation from the public transport services concerned confirming the mechanical breakdown.

Serial No.: PA /



RHB INSURANCE BERHAD (Co. No. 38000-U)
LEVEL 12, WEST WING, THE ICON, NO. 1, JALAN 1/68F, JALAN TUN RAZAK, 55000 KUALA LUMPUR
TEL: 03-2180 3000 / 2180 3200 FAX: 03-2161 6322 (Claims)

CLAIM FORM - TRAVEL PROTECTOR

- Please check whether you claim after conversion to Ringgit Malaysia exceed the policy excess for the section you are claiming.
- Please complete all the relevant sections of this form and return with original of all the documents requested (photocopies are not acceptable to RHB Insurance Berhad no later than 45 days after the expiry of the insurance or upon return to Malaysia, which is earlier)
- Please complete the General Section followed by the relevant section to which your claim(s) related(s).

GENERAL

Claimants Full Name : _____ Occupation / Age : _____
Address : _____ Certificate No. : _____
Tel. [Hse] : _____
Travel Agent : _____ Tel. [Off] : _____
Date of Booking : _____ Booked Holiday Dates : From : _____ To : _____
Do you have other insurance covering this loss? YES / NO. If so, state type of policy and Policy No. _____
Documents required for all claims
(1) Original Certificate of Insurance (2) Tour Operators Confirmation of Booking Invoice, or copies of Airtime tickets.

Please tick and fill up the relevant section & submit the required documents

Cancellation Cover or Curtailment or Travel Delay or Missed Departure

Full Name of All Claimants : _____
Claim for Cancellation / Curtailment of Holiday / Travel Delay (delete as appropriate) : _____
Date of Cancellation / Delay or arrival home if Curtailed : _____
Reason for Cancellation / Curtailment / Delay : _____
Name of sick or injured person and relationship to insured: _____
Period of delay (must be at least 8 hours from the time specified in the travel itinerary) : _____
Documents required for all claims
Cancellation - Tour Operators cancellation invoice (Travel Agent's account is not sufficient). If for medical reasons - complete medical authorisation.
Curtailment - If due to illness or accident abroad, a letter is required from the doctor consulted confirming that it is necessary to return home. Receipts for all amounts claimed.
Delay - Written confirmation from the airline or their agents of the period.
Missed Departure - Original receipts for expenses claimed for additional accommodation & travel expenses. A written confirmation from the public transportation services concerned confirming the mechanical breakdown.
Rerouting of Flight - A written confirmation from the carrier concerned confirming the number of hours delayed in arriving at your destination & the reason for such delay.

Baggage & Personal Effects or Personal Money & Loss of Travel Documents or Delayed Baggage

Time, Date and Place of loss / damage : _____
Full circumstances of loss / damage or delay : _____
To whom did you report the loss : _____
Did you report the loss to the police? YES / NO. If yes, date reported : _____
Address of Police station : _____
Did loss / damage occur in the custody of a carrier (airline, bus company, etc.)? _____
Date reported to carrier : _____

Have you received any payment from the carrier or other parties responsible for the loss? YES / NO. If yes, state amount : _____

Owner of the Baggage	Details of item(s) lost or damaged including make / model. Etc or item(s) purchased due to delayed baggage	Place Purchased	Purchase Date	Purchase Price	Amount Claimed

Owner of the Money	Amount in notes (RM)	Amount in foreign currency notes	Total amount claimed

Documents required for all claims
(1) Receipts for items claimed (2) Property irregularity report
(3) If claim for delayed baggage - receipt for all items purchased. Letter from airline confirming reason for delay and duration.
(4) Money and theft claims - police report, currency exchange slips.

Overbooked Flight / Flight Misconnection

Date of Overbooked Flight / Flight Misconnection : _____ Time : _____
 Place of Overbooked Flight / Flight Misconnection : _____
 Reason of Overbooked Flight / Flight Misconnection : _____
 Date of next departure Flight : _____ Time : _____
Documents required for all claims
 Written confirmation of the airline or their agents on the reason(s) of the denied boarding / delay arrival of incoming confirmed connecting schedule flight.
 Copy of the replacement airline ticket / boarding pass.

Hijacking Inconvenience

Date of Hijack : _____ Time : _____
 Reason of Hijack : _____ By : _____
 Date of Release : _____ Time : _____
Documents required for all claims
 Written confirmation of the airline or their agents of the Hijack and the duration held (number of hours)

Personal Accident

Name of Claimant : _____
 Date and Place of Accident : _____
 How did it happen? _____
 Nature of injury (or official cause of death) : _____
 Name of Doctor and Hospital consulted abroad : _____
 Name and address of Doctor attending to you : _____
 Name and address of usual Doctor (if different from above) _____
Documents required for all claims
 Completed Medical Certificate or in the event of death, Death Certificate & Post Mortem Report.

Medical Expenses or Hospital daily Allowance or Medical Evacuation and Repatriation

Name of Claimant : _____
 Date and Place of Accident or Onset of Illness : _____
 Nature of Accident / Illness : _____
 Period Hospitalised : _____

Nature of Expenditure	To whom Paid / Payable	Amount [state currency if not RM]

Documents required for all claims
 Medical report showing nature of injury / sickness. Medical bills for the full amount of the claim. Receipt for amounts claimed for additional travel or accommodation or repatriation. If Hospital Benefit is claimed proof confirming the date of admittance and the date of discharge from the hospital is required.

Please advise in whose name the cheque for the claim proceeds should be issued: _____

DECLARATION
 I declare to the best of my knowledge that the above particulars are true.

Signature : _____ Date : _____

Name : _____ I/C No.: _____

MEDICAL AUTHORISATION

This medical authorisation must be completed in respect of claims for personal accident/ medical and other expenses/ hospital allowance/ emergency medical evacuation and repatriation/ loss of deposit or cancellation / curtailment.

I hereby authorise any physician, nurse, medical staff, hospital or clinic by whom _____ (claimant/ deceased has been observed or treated, to release any medical information including past medical history to SOS in order to process my insurance claims)

RHB INSURANCE BHD may use the above medical information for any and all purposes pertaining to or arising out of the claim by the undersigned.

This authorisation shall remain valid until the above referenced claim has been finalised, but in no event longer than six years from the date below.

I understand that I have the right to receive a copy of this authorisation.

Photostat copies of this authorisation shall be considered as valid as the original.

Signature : _____ Date : _____

Name : _____ I/C No.: _____

MEDICAL CERTIFICATE

This medical certificate must be completed by the Insured Person's regular doctor pertaining to the medical history prior to the commencement of the holiday in respect of claims for personal accident/ medical and other expenses/ hospital allowance/ emergency medical evacuation and repatriation/ loss of deposit or cancellation/ curtailment.

1. Patient's Name : _____

2. (i) Are you this patient's regular Doctor? YES / NO. (ii) If yes, for how long? _____

3. Describe (i) Accidental injuries (ii) Cause of Death (iii) Illness of Patient _____

4. Date medical treatment first sought for this condition : _____

5. History of this condition or any relevant condition with dates or treatment. If yes, please state : _____

6. If you were treating the patient prior to the holiday, was he/she fit to travel at date of booking which was on _____ YES / NO

Signature : _____ Date : _____

Name : _____

Qualification : _____

Address : _____
