Level 12, West Wing, The Icon, No. 1, Jalan 1/68F, Jalan Tun Razak, 55000 Kuala Lumpur.
Customer Relationship Centre: 1300 220 007, WhatsApp: 012-6031978, Email: rhbi.general@rhbgroup.com, Website: insurance. rhbgroup.com

TRAVEL CLAIM FORM

DETAILS OF INSURED / CLAIMANT

Name

Address

MyKad / Army / Police /
Passport / Business Registration No.

Policy/Certificate No.

Nationality

Email Address

Mobile No.

Telephone No. Business

Telephone No. House

Travel Agent

Date of Booking

Booked Holiday Dates

From :

To :

Do you have other insurance covering this loss? ☐ Yes ☐ No If yes, state type of Policy, Policy No. and name of Insurer:

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

☐ **TRIP CANCELLATION / TRIP CURTAILMENT / TRAVEL DELAY / MISSED DEPARTURE / TRAVEL POSTPONEMENT / LOSS OF DEPOSIT DUE TO ABSCONDMENT OR INSOLVENCY OF TRAVEL AGENCY**

Full Name of Claimants :

Tick as appropriate: ☐ Trip Cancellation ☐ Trip Curtailment ☐ Travel Delay ☐ Missed Departure ☐ Travel Postponement
☐ Loss Of Deposit Due To Abscondment Or Insolvency Of Travel Agency

Date of Cancellation/ Date of Delay / Date of arrival home if curtailed: DD ☐☐ MM ☐☐ YYYY ☐☐☐☐ TIME ☐☐ : ☐☐ AM/PM

Reason of Cancellation / Curtailment / Delay :

Name of sick or injured person and relationship to insured :

Period of delay (must be at least 6 hours from the time specified in the travel itinerary) :

☐ **PERSONAL LUGGAGE AND PERSONAL EFFECTS/PERSONAL MONEY AND TRAVEL DOCUMENTS/LUGGAGE DELAY/HOME CARE/CREDIT CARD INDEMNITY**

Time, Date of loss / damage / accident: DD ☐☐ MM ☐☐ YYYY ☐☐☐☐ TIME ☐☐ : ☐☐ AM/PM

Location of loss / damage / accident:

Cause of loss / damage / accident:

Did you report the loss to the police? ☐ Yes ☐ No If yes, date reported :

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 or item(s) purchased due to delayed luggage	Place of Purchase	Purchase Date	Purchase Price	Amount Claimed

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

TRAVEL OVERBOOKED / TRAVEL MISCONNECTION

Date of Travel Overbooked /Travel Missconnection : DD MM YYYY TIME : AM/PM

Place of Travel Overbooked /Travel Missconnection : _____

Reason of Travel Overbooked /Travel Missconnection : _____

Date of next departure Flight : DD MM YYYY TIME : AM/PM

HIJACKING INCONVENIENCE

Date and Time of Hijack : DD MM YYYY TIME : AM/PM

Reason of Hijack : _____

Date and Time of Release : DD MM YYYY TIME : AM/PM

PERSONAL ACCIDENT / PERSONAL LIABILITY

Name of Claimant : _____

Time and Date of Accident : DD MM YYYY TIME : AM/PM

How did it happen? _____

Place of Accident : _____

Nature of Injury (or official cause of death) : _____

Name of Doctor and Hospital consulted abroad/local : _____

Name and address of Claimant's Regular Doctor (if different from above) : _____

MEDICAL EXPENSES/DAILY HOSPITAL ALLOWANCE/MEDICAL EVACUATION AND REPATRIATION

Name of Claimant : _____

Date and Time of Accident or Onset of Illness : DD MM YYYY TIME : AM/PM

Place of Accident or Onset of Illness : _____

Nature of Accident / Illness : _____

Period Hospitalised : _____

Name and address of treating Doctor(s) :

Nature of Expenditure	To whom Paid / Payable	Amount (state currency if not RM)

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 RHB Insurance Berhad (RHBI) and/or RHBI's Assistance Provider in order to process my insurance claims.

RHB Insurance Berhad may use the above medical information for any or 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 : _____ MyKad or Passport 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 of medical treatment first sought for this condition : _____

5. History of this condition or any relevant condition with dates of 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 : _____

RHB PRIVACY NOTICE FOR INSURANCE CLAIM FORM

ACKNOWLEDGEMENT AND CONSENT

I have read and understood RHB Insurance Berhad ("RHB") Privacy Notice which has been provided to me at the point of application and which I acknowledge is also available at insurance.rhbgroup.com.

I explicitly consent to RHB processing my personal information (including my sensitive personal information) for the purpose of processing my insurance claim, including any necessary disclosures and overseas transfers of my personal information to relevant third parties, if applicable, subject at all times to any laws (including regulations, standards, guidelines and/or obligations) applicable to RHB.

I also represent and warrant that the consent of third party individuals (e.g. insured/claimant, witnesses, medical practitioner) whose personal information I disclose to RHB has been sufficiently obtained to allow RHB to process the same in relation to the purpose.

[This paragraph is only applicable to parent/legal guardian/next of kin/authorized representative of junior claimant(s)/insured(s), if any]
If you are providing consent as parent/legal guardian/next of kin/authorized representative of the junior claimant/insured whose personal information will be processed as described above, please complete the following information:

Signature : _____

Name : _____

MyKad or Passport No. : _____

Relationship with the junior claimant(s)/insured(s) _____

Signature : _____

Name : _____

MyKad or Passport No. : _____

DECLARATION

I/we understand that RHB issuance and acceptance of this form should not be construed as an admission of their liability of my/our claim.

If I/We have given any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.

I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have been my/our Agent for the purpose of filing in this form and his statement shall be binding upon me/us.

I/We hereby agree to give my/our fullest cooperation to RHB or its authorized representative in relation to this claim.

I/We understand that the above questions shall not prejudice RHB general rights to raise any other questions related to the claim.

Signature of Insured / claimant and company stamp (if applicable) :

Name :

MyKad or Passport No. :

Date:

E-PAYMENT REGISTRATION FORM

In the event of claims payment, kindly fill up details below for payment processing.

PART I. BENEFICIARY DETAILS

Name of Applicant

MyKad No. / Passport No. / Co. Registration No.

Address

Telephone No. Fax No.

Person In-Charge Name 1) 2)

Email Address 1) 2)

Telephone No. 1) 2)

PART II. BENEFICIARY BANKING DETAILS

Name of bank

Bank Address

Bank Account No. SWIFT Code

IBAN Code (if applicable)

PART III. DECLARATION

I/We hereby request that payment(s) due to me/us by RHB Insurance Bhd be paid to my/our bank account stated above by way of Inter-bank Giro/RENTAS/TT and confirm that :

I/We consent to RHB Insurance Berhad releasing the above data to its banker(s) in order to facilitate payment(s) to me/us by way of Inter-bank Giro/RENTAS/TT. All information provided herein are correct and accurate.

My/Our request herein shall be irrecoverable without the consent of RHB Insurance Berhad. RHB Insurance Berhad may at any time in its absolute discretion effect payment(s) to me/us by other mode(s).

I/We shall keep RHB Insurance Berhad and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to Inter-bank Giro/RENTAS/TT requested by me/us herein including but not limited to error/mis-description in information furnished, delayed payment(s) and any other circumstances beyond RHB Insurance Berhad and its banker(s)'s control.

Authorised Signatory(ies)

Name :

Designation:

Company stamp

Date:

PART IV. RHB INSURANCE BERHAD OFFICE USE ONLY

Department Branch:		
Profile:	☐ Agent ☐ Workshop ☐ Adjuster ☐ Vendor ☐ Other, please specify	
Agent / Workshop / Adjuster / Vendor Code		
Entered by:		Date:
Verified by:		Date:

* Important
This facility allows payment to be credited into the above mentioned account only.
Please attach (i) copy of MyKad or Passport or Business Registration Form whichever is applicable and (ii) 1st page of (a) your bank statement; or (b) your bank saving book showing the account name and account number; or (c) details of your bank account obtained from your bank's website that has been certified by your bank; or (d) letter from your bank confirming your bank account details.