

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 / C	LAIMANT							
Name				Address				
MyKad / Army / Police / Passport / Business Registration No. Policy/Certificate No.								
Nationality	Email Address		Mobile No.		Telephone No. Busi	ness	Telephone No. Ho	use
Travel Agent			Date of Booking		Booked Holiday Da	tes		
ave.// gene			Batto of Bookining		From:		To:	
Do you have other insurance co	overing this loss?	Yes No	If yes, state type of	Policy, Policy No			10.	
√ Please tick and fill up		on and submit the re	equired documents					
TRIP CANCELLATION LOSS OF DEPOSIT D					VEL POSTPONEME	NT/		
Full Name of Claimants :								
Tick as appropriate: Trip (Cancellation	Trip Curtailment	Travel Delay	Missed Depar	rture Travel P	ostponement		
Loss	Of Deposit Due To	Abscondment Or Ir	nsolvency Of Travel	Agency				
Date of Cancellation/ Date of D	Delay / Date of arriv	ral home if curtailed:	: DD M	M YY	Υ	TIME	: AM/PM	
Reason of Cancellation / Curtai	ilment / Delay :							
Name of sick or injured person	and relationship to	insured :						
Period of delay (must be at leas	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):							
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PERSONAL LUGGAG				RAVEL DOCUM	1ENTS/LUGGAGE D	ELAY/HOME CA	RE/CREDIT CARE	DINDEMNITY
PERSONAL LUGGAG Time, Date of loss / damage / ac	GE AND PERSONAI			RAVEL DOCUM	MENTS/LUGGAGE D		RE/CREDIT CARE	DINDEMNITY
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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 YYYYY	TIME : AM/PM	
PERSONAL ACCIDENT / PERSONAL LIABILITY		
Name of Claimant :		
Time and Date of Accident : DD MM YYYYY	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 a	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	1/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		
MEDICAL AUTHORISATION This medical authorisation must be completed in respect	of claims for personal assident / medical and other over	pancas / hasnital allawansa / amargansa
medical evacuation and repatriation / loss of deposit or car		renses / nospital allowance / emergency
I hereby authorise any physician, nurse, medical staff, hosp observed or treated), to release any medical information in in order to process my insurance claims.	oital or clinic by whom cluding past medical history to RHB Insurance Berhad (F	
RHB Insurance Berhad may use the above medical inform.	ation for any or all purposes pertaining to or arising out	of the claim by the undersigned.
This authorisation shall remain valid until the above refere	nced claim has been finalised, but in no event longer th	an six years from the date below.
I understand that I have the right to receive a copy of this a		
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
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)
ignature:
Name:

MyKad or Passport No.:

If I/We have given any faller of color material and color meterial information, or suppressed or concealed or in a manner falled to do do material information, the policy shall be rull and void and that I/We fall into the entitled to alliformy rights to recover the reasons. In proceedings of the process o	an admission of their liabili	ty of my/our claim.		
person shallbe deemed to have been mylour Agent for the purpose of filing in this form and its statements state be briding upon more better than the statements statement statements and the briding upon more better than the company of the statements and the briding upon more than the above questions shall not projudice RHB general rights to raise any where questions related in the calculation related related by related by means benefit and its bankerial incorrect and acculation related by related by means benefit and its bankerial incorrect and acculation related in the calculation related related by rel	concealed or in any manne and void and that I/We shal	er failed to disclose material information, the policy shall be null I not be entitled to all/any rights to recover thereunder in respect		
We hereby agree to give enjour fullest cooperation to RHB or its authorized representa- tive in relation to this ciann. We understand that the above questions shall not prejudice RHB general rights to raise anyther question related that beclaim anyther question related that beclaim anyther question related that beclaim EPNYMENT REGISTRATION FORM In the event of claims payment, kindly fill up details below for payment processing. PART I REPREFICIARY DETAILS Name of Applicant MyKad No. / Passport No. / Co. Registration No. Address Telephone No. Person in-Charge Name 1) 2] PART II REPREFICIARY BANKING DETAILS Name of Abank Bank Address SWIFT Code Bank Address Bank Account No. IBAN Code (if applicable) PART II 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 I/We consent to RHB Insurance Berhad releasing the above data to its banker(s) in order to facilitate payment(s) for more bank Ciro/RENTAS/TT. All Info My/ Curr request herein shall be irrecoverable without the consent of RHB Insurance Berhad may at any time in its absolute discretion efforts My/ Curr request herein shall be irrecoverable without the consent of RHB Insurance Berhad may at any time in its absolute discretion efforts My/ Curr request herein shall be irrecoverable without the consent of RHB Insurance Berhad may at any time in its absolute of scretion efforts My/ Curr request herein shall be irrecoverable without the consent of RHB Insurance Berhad and the luminer(s) a control. Authorised Signatory(les) Company stamp Date: Designation: PART IV. RHB INSURANCE BERHAD OFFICE USE ONLY Department Brancix Profile: Agent / Workshop / Adjuster / Vendor Code	person shall be deemed to	have been my/our Agent for the purpose of filing in this form and		d company stamp (if applicable):
Date: Date: Date:	I/We hereby agree to give	my/our fullest cooperation to RHB or its authorized representa-		
any other questions related to the claim. E-PAYMENT REGISTRATION FORM In the event of claims payment, kindly fill up details below for payment processing. PART I BENEFICHARY DETAILS Name of Applicant MyKad No. / Passport No. / Ca. Registration No. Address Telephone No. Fax No. Person in-Charge Name 1] 2] PART II BENEFICIARY BANKING DETAILS Name of bank Bank Address Bank Address Bank Account No. IBAN Code (if applicable) PART II II DECLARATION I We beneby request that payment(s) due to me/us by RHB Insurance Brid be paid to my/our bank account stated above by way of Inter-bank Giro/RENTAS/TT and confirm I We consent to RHB Insurance Berhad releasing the above did a to its banker(s) in order to facilitate payment(s) to me/us by way of Inter-bank Ciro/RENTAS/TT and confirm I We consent to RHB Insurance Berhad and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to inter-bank Ciro/RENTAS/TT. All info provided herein are correct and accurate. Name of bank in the standard of the standard in the standard of the standard in the standard of the standard in the standard in information furnished, delayed payment(s) and any other circumstances beyond RHB in INVEN shall leaves RHB Insurance Berhad and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to inter-bank Ciro/RENTAS/TT. All info provided by melus Ferein including but not limited to error/mis description in information furnished, delayed payment(s) and any other circumstances beyond RHB in Person including but not limited to error/mis description in information furnished, delayed payment(s) and any other circumstances beyond RHB in Person including but not limited to error/mis description in information furnished, delayed payment(s) and any other circumstances beyond RHB in Person including but not limited to error/mis description in information furnished, delayed payment(s) and any other circumstances beyond RHB in Person in Indoorded Sig				
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PART II. BENEFICIARY BANKING DETAILS Name of bank Bank Address Bank Account No. SWIFT Code BANC Code (if applicable)	Email Address	1)	2)	
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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 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 info 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 paymene/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/REN 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 In Berhad and its banker(s)'s control. Authorised Signatory(ies) Company stamp Date: Designation: PART IV. RHB INSURANCE BERHAD OFFICE USE ONLY Department Branch: Profile: Agent Workshop Adjuster Vendor Other, please specify Agent/Workshop/Adjuster/Vendor Code	Bank Account No.		SWIFT Code	
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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 info 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 paymer/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/REN 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 In Berhad and its banker(s)'s control. Authorised Signatory(ies) Name: Date: Designation: PART IV. RHB INSURANCE BERHAD OFFICE USE ONLY Department Branch: Profile: Agent Workshop Adjuster Vendor Other, please specify Agent/Workshop/Adjuster/Vendor Code	PART III. DECLARATION			
Name: Date: Designation:	I/We consent to RHB Insur provided herein are correct My/Our request herein sha me/us by other mode(s). I/We shall keep RHB Insura requested by me/us herein	rance Berhad releasing the above data to its banker(s) in order to tand accurate. If be irrecoverable without the consent of RHB Insurance Berhad. Ince Berhad and its banker(s) indemnified against any loss and/or do including but not limited to error/mis-description in information	facilitate payment(s) to me/us by way RHB Insurance Berhad may at any tii amage howsoever arising from any m	of Inter-bank Giro/RENTAS/TT. All information me in its absolute discretion effect payment(s) to atters in relation to Inter-bank Giro/RENTAS/TT
Name: Date: Designation: PART IV. RHB INSURANCE BERHAD OFFICE USE ONLY Department Branch: Profile:	Authorised Signatory/icc)		Company stamp	
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Department Branch: Profile: Agent Workshop Adjuster Vendor Other, please specify Agent / Workshop / Adjuster / Vendor Code	Designation:			
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Agent / Workshop / Adjuster / Vendor Code	Department Branch:			
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Entered by: Date:	Agent / Workshop / Adjus	ter / Vendor Code		1
	Entered by:			Date:

Verified by:

DECLARATION

 $I/we\ understand\ that\ RHB\ is suance\ and\ acceptance\ of\ this\ form\ should\ not\ be\ construed\ as$

* 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.

Date: