MyTravel 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

Policy No. : .....

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

Occupation : .....

Date of Birth : .....

Period of Journey : ..... to.....

(For prompt sttlement please attach original or photostat copy of Insurance Certificate)

Address : .....

.....

Telephone : Home ..... Business.....

Name of Claimant : .....

Age : ..... Sex.....

Relationship w/ 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.....

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 Artarindo 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 diseases or injury, consultation, prescription or treatment), employement history and income tax returns.

I agree that 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 Artarindo relies upon the truthfulness of the particulars supplied by me in respect of the claim.

PRIVACY CONSENT

I consent to PT. Asuransi Artarindo :

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 my behalf.
b) Disclosing my personal information to related entities of PT. Asuransi Artarindo, staff members of PT. Asuransi Artarindo 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 brokers, 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 Artarindo.

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…….....

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 Hospital : .....
Details of other treatment by Doctors/Hospital : .....

Have your ever suffered from the same or siliar 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 your ever suffered from the same or siliar complaint in the past? Yes/No

If Yes, give details, dates, etc. : .....
What was the cause of death? : .....

MyTravel Insurance Claim Form

Travelling Convenience

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

ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Policy No. : .....

Title : (Mr/Mrs/Miss/Ms*)

Name of Insured : .....

Occupation : .....

Date of Birth : .....

Period of Journey : ..... to.....

(For prompt sttlement 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 purcahse receipts)

Item	Description	When and Where Purchased	Original Purchase Price	Depreceiation	Amount Claimed

SECTION C2 – BAGGAGE DELAY (Please attach Boarding Pass, 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 Bording 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 .....

Inrtended Departu Date : .....

Date of Cancellation : .....

What caused the trip : .....

cancellation .....

Amount paid by You : .....

Total Refund : .....

Amount Claimed : .....

SECTION C6 & C7 – TRIP CANCELLATION AND LOSS OF DEPOSIT (Please attach documents from

When and where was holiday : .....

Booked .....

Inrtended Departu Date : .....

Date of Cancellation : .....

What caused the trip : .....

cancellation .....