

## Travel Claim Submission Checklist

We are sorry to hear of your accident/loss. In order for us to consider your claim, please complete the Travel Claim Form and submit it with:

- 1) A copy of your passport with departure and return dates/boarding pass;
- 2) A copy of your travel itinerary/air ticket;
- 3) Any written confirmation from any relevant sources stating any compensation paid or payable;

and the relevant documents listed below within thirty (30) days from the date of return from your trip. Thank you.

Please tick the section(s) that you are claiming for	Documents needed
<input type="checkbox"/> Accidental Death	<ul style="list-style-type: none"> <li>- Proof of relationship between deceased and claimant</li> <li>- Certified true copy of death certificate</li> <li>- Certified true copy of letters of administration/grant of probate (if any)</li> <li>- Copy of police report/road traffic accident report (if applicable)</li> <li>- Certified true copy of coroner's/post-mortem/autopsy report (if applicable)</li> </ul>
<input type="checkbox"/> Total & Permanent Disablement	<ul style="list-style-type: none"> <li>- Medical report (to be completed by attending physician)</li> <li>- Any other available medical reports</li> <li>- Copies of medical leave certificates</li> <li>- Copy of police report/road traffic accident report (if applicable)</li> </ul>
<input type="checkbox"/> Medical Expenses	<ul style="list-style-type: none"> <li>- Original final medical bills/receipts</li> <li>- Any available medical reports/inpatient discharge summary</li> <li>- Copy of police report/road traffic accident report (if applicable)</li> </ul> <p>Note: All medical bills must indicate the breakdown of the expenses incurred and the doctor's diagnosis must be clearly stated. We reserve the right to request for additional medical information.</p>
<input type="checkbox"/> Loss of Personal Possessions	<ul style="list-style-type: none"> <li>- Copy of police report at place of loss and/or airline/other transport operator property irregularity report</li> <li>- Original purchase receipts/invoices of items lost</li> <li>- Photographs of damaged items (damaged items must not be disposed without our consent)</li> <li>- Original repair receipts/invoices and warranty card</li> </ul>
<input type="checkbox"/> Delayed Baggage	<ul style="list-style-type: none"> <li>- Airline/other transport operator property irregularity report</li> <li>- Acknowledgement slip or confirmation from airline/other transport operator on date and time baggage was returned</li> </ul>
<input type="checkbox"/> Travel Cancellation	<ul style="list-style-type: none"> <li>- Relevant documents to substantiate the reason for trip being cancelled:             <ul style="list-style-type: none"> <li>○ Certified true copy of death certificate of deceased if due to death</li> <li>○ Medical certificate/report of patient if due to serious sickness/ injury</li> <li>○ Documents to substantiate insolvency of travel agency/airline</li> </ul> </li> <li>- Documentary proof of relationship between policyholder and deceased/injured/sick person</li> <li>- Original receipts/invoices of advance payments and additional expenses incurred</li> <li>- Confirmation from the travel agency/airline/other transport operator/hotel and/or any other relevant sources on the cost of non-refundable prepaid travelling expenses</li> </ul>

Please tick the section(s) that you are claiming for	Documents needed
<input type="checkbox"/> Trip Disruption	<ul style="list-style-type: none"> <li>- Relevant documents to substantiate the reason for trip being curtailed:             <ul style="list-style-type: none"> <li>o Certified true copy of death certificate of deceased if due to death</li> <li>o Medical certificate/report of patient if due to serious sickness/injury</li> </ul> </li> <li>- Documentary proof of relationship between policyholder and deceased/injured/sick person</li> <li>- Original receipts/invoices of advance payments and additional expenses incurred</li> <li>- Confirmation from the travel agency/airline/other transport operator/hotel and/or any other relevant sources on the cost of non-refundable prepaid travelling expenses</li> </ul>
<input type="checkbox"/> Travel Delay	<ul style="list-style-type: none"> <li>- Written confirmation from airline/other transport operator stating period of delay, reason and any remedial actions taken</li> <li>- Written confirmation from airline/other transport operator stating reason and amount of refund if scheduled departure is cancelled</li> </ul>
<input type="checkbox"/> Rental Car Excess	<ul style="list-style-type: none"> <li>- Rental car agreement</li> <li>- Copy of police report/road traffic accident report (if applicable)</li> <li>- Original invoice for payment of excess</li> </ul>
<input type="checkbox"/> Personal Liability	<ul style="list-style-type: none"> <li>- All correspondence/documents from third parties for our handling</li> <li>- Copy of police report/road traffic accident report (if applicable)</li> <li>- Any photographs where applicable</li> </ul> <p><b>Do not to admit any liability or make any offer, promise or payment without our prior consent.</b></p>
<input type="checkbox"/> Pet Hotel	<ul style="list-style-type: none"> <li>- Copy of pet license</li> <li>- Original invoices for pet lodging/hotel</li> <li>- Written confirmation from pet lodging/hotel stating scheduled original and actual collection time</li> <li>- Relevant documents to substantiate the reason for delay in collecting pet:             <ul style="list-style-type: none"> <li>o Written confirmation from airline/other transport operator stating period of delay and reason if due to travel delay</li> <li>o Medical certificate/report (if applicable)</li> </ul> </li> </ul>

We would also like to highlight that:

- Any cost of obtaining documents is not reimbursable under the policy.
- Where applicable, all documents must be translated into English.

You may send your claim documents to our office at:

TRAVEL CLAIMS  
Direct Asia Insurance (Singapore) Pte Ltd  
88 South Bridge Road  
Singapore 058716

If you need any assistance, please call us at **6532 1818** or email us at  
**Claim@DirectAsia.com**

## Travel Claim Form

### 1. Policyholder's Details

\* To delete appropriately

Name (as in NRIC/Passport): <i>Mr/Miss/Mrs/Mdm/Dr*</i>	NRIC/Passport number:	Policy number:
Occupation:	Email:	
Contact numbers:		
(O)	(H)	(HP)

### 2. Claimant's Details (If Claimant is different from Policyholder)

Name (as in NRIC/Passport): <i>Mr/Miss/Mrs/Mdm/Dr*</i>	NRIC/Passport number:	Occupation:
Date of birth: (dd/mm/yyyy):	Email:	
Contact numbers:		
(O)	(H)	(HP)

### 3. Incident Details

Date of occurrence (dd/mm/yyyy):	Country/City of occurrence:
Time of occurrence: <i>am/pm*</i>	
Please describe to us the incident in detail from :	

### 4. Travel Details (You may skip this section if your itinerary is included)

Duration of trip (dd/mm/yyyy)	From:	To:
<b>Departure</b>		
Place of departure:	Name of airport/port/station:	Flight/Vessel number:
Date of departure (dd/mm/yyyy):	Time of departure: <i>am/pm*</i>	
<b>Transit (You may skip this portion if there was no transfer of flight/vessel)</b>		
Place of departure:	Name of airport/port/station:	Flight/Vessel number:
Date of departure (dd/mm/yyyy):	Time of departure: <i>am/pm*</i>	
<b>Arrival</b>		
Place of arrival:	Name of airport/port/station:	Flight/Vessel number:
Date of arrival (dd/mm/yyyy):	Time of arrival: <i>am/pm*</i>	

## 5. Types of claim

### ACCIDENTAL DEATH/TOTAL PERMANENT DISABLEMENT/MEDICAL EXPENSES

Diagnosis/Nature of injury or illness: \_\_\_\_\_

Did these injuries result in permanent disability?  Yes  No

Date Incurred	Details of Expenses	Amount Claimed (S\$)

*You may include a separate list if there is insufficient space provided above.*

### TRAVEL CANCELLATION

Reason:		
Date of cancellation (dd/mm/yyyy):		Schedule date of departure (dd/mm/yyyy):
Total amount paid:	Refund received and source:	Amount claimed

### TRIP DISRUPTION

Reason:		
Actual date of departure (dd/mm/yyyy):		Scheduled date of departure (dd/mm/yyyy):
Total amount paid:	Refund received and source:	Amount claimed:

### TRAVEL DELAY

Scheduled Flight/Vessel Details	Actual Flight/Vessel Details
Flight/Vessel number:	Flight/Vessel number:
Date and time of departure:	Date and time of departure:
Place of departure & name of airport/port/station:	Place of departure & name of airport/port/station:

### DELAYED BAGGAGE

Scheduled flight/vessel number:	Date baggage collected (dd/mm/yyyy):
Date and time of departure:	Time of collection: am/pm*
Place of departure and name or airport/port/station:	Place of collection:

**RENTAL CAR EXCESS**

Date and time of accident:	Location:
Total amount paid:	Amount claimed:

**LOSS OF OR DAMAGE TO PERSONAL POSSESSIONS**

Description of Item Lost or Damaged	Date of Purchase	Place of Purchase	Original Purchase Price	Amount claimed (S\$)

*You may include a separate list if there is insufficient space provided above.*

If you are entitled to claim under any other insurance policy, (eg. other travel, personal accident, pet insurances), please provide us the details of those policies:

Insurance Company	Type of Policy	Policy Number	Compensation Amount (S\$)

Have you made any claims against any of the above insurers?  Yes  No

**6. Claim Payment Details**

Please provide your particulars below:

Name as per bank's record:	Mailing address:
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**7. Declaration**

I declare that all the particulars given by me in this form are true and correct.

I agree that my claim may be reduced or denied and the Policy may be cancelled if I have made or were to make any false or fraudulent statements, or have withheld material facts in respect of this claim.

I also consent to DirectAsia obtaining information from hospitals, physicians and any other person I have consulted and I hereby authorize the giving of such information. I also agree to execute all necessary authorizations or documents for the release of such information to DirectAsia. A photocopy of this authorization shall be considered as effective and valid as the original.

By signing below, I indicate that I have read, understood and agree to the Privacy Statement attached to this form.

\_\_\_\_\_  
 Signature/Name

\_\_\_\_\_  
 Date

## Medical Report

This report is to be completed by the Attending Physician. Dates should be in DD/MM/YYYY format.

<b>Section A</b>	
1) Name of patient (as in NRIC/Passport): <i>Mr/Miss/Mrs/Mdm/Dr*</i>	2) NRIC/Passport number:
3) When did you first attend to the patient for this condition and what was the nature of treatment?	4) When was the approximate date of discovery of the illness/injury?
5) Did the patient have any symptoms prior to consulting you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the symptoms and when it first started:	6) If this condition existed before symptoms were apparent to the patient, when did this condition first develop?
7) What is the cause of the illness/injury?	8) What is the final diagnosis of illness or extent of injury?
9) Please state the surgical procedures/treatment rendered and the dates. If no surgery was performed, please state treatment/medication given. <u>Admission/Discharge/Surgery Date</u> <u>Surgical Procedure</u> <u>Name of Physician/Surgeon/Anaesthetist</u>	
10) Was the patient referred by any doctor to see you? <input type="checkbox"/> Yes <input type="checkbox"/> No Please state the name and address of the referring doctor:	
11) Has the patient previously consulted other doctors for the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Please state the name and address of all the other doctors: <u>Name</u> <u>First Consultation Date</u> <u>Name of clinic &amp; address</u>	
<b>Section B (To be completed only if the injury has resulted or is likely to result in disablement.)</b>	
12) Is the injury likely to cause loss of use of the part(s) injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: a) The affected part  b) If the loss is related to finger/toe injuries, please state the affected phalanx and on which finger/toe.	
13) What is the percentage of disablement sustained?	14) Does the patient require follow-up treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
15) How long has the patient been disabled from engaging in or attending to usual business as the sole result of the injuries? From _____ to _____	
16) How much longer do you foresee that such disablement will continue? From _____ to _____	
17) Is the patient's disablement associated, contributed, or affected by any past illness, injury or accident? If so, please give details:	
<b>Section C</b>	
I certify that I have personally examined and treated this patient and that the answers are true to the best of my knowledge and belief, and no material fact has been concealed from DirectAsia.	
Name & Designation:	Signature:
Date:	Clinic/Hospital Stamp & Address:



**Contact us at**  
Hotline: (65) 6532 1818  
E-mail: [Claim@DirectAsia.com](mailto:Claim@DirectAsia.com)

## DIRECT ASIA PRIVACY STATEMENT

### About us

We are Direct Asia Insurance (Singapore) Pte Ltd (“we”, “us” or “Direct Asia”). We provide our own insurance products and services and those of our selected partners, mostly online via our website: [www.DirectAsia.com](http://www.DirectAsia.com), by telephone and at our offices.

### Our Security and Privacy Statement (“Privacy Statement”)

This Privacy Statement sets out the basis on which any personal information we collect from you, or that you provide to us, will be processed by us and our partners, so please read it carefully. By using our website and/or by purchasing our insurance products either online, by telephone or at our offices, you consent to your personal information being processed by us in the manner described in this Privacy Statement. This is our current Privacy Statement. It replaces any previous Privacy Statement published by us.

### Your privacy and security are important to us

Your privacy is important to you and it's important to us. It's a responsibility we take very seriously. We value the personal information you give us and will take all reasonable precautions to prevent unauthorised access to that information.

### How to contact us

Questions, comments and requests regarding this Privacy Statement are welcomed and should be addressed to our data protection officer. Our data protection officer can be contacted at [dpo@directasia.com](mailto:dpo@directasia.com).

To access or correct your personal information, please see below.

To unsubscribe from receiving marketing materials, please see below.

### Why do we collect personal information?

We need personal information to be able to:

- give you an accurate quote;
- identify insurance products and services for you;
- process your application for insurance products and services and carry out variations, cancellations, endorsements or renewals;
- supply insurance products and services to you;
- manage and administrate your insurance policies;
- assess and pay any claims;
- communicate with you, respond to your queries and verify your identity;
- improve our services and performance;
- compile statistics to allow us to improve our products and services for you;
- for quality and training purposes;
- for security purposes; and
- prevent and detect fraud or loss.

### What type of personal information do we collect?

The personal information we collect includes your name, identification number, address, date of birth, contact details (for example phone and email), driving and other background history and information about your insurance experience, including data about your transactions with us. We may also collect personal information about someone else from you, for example when you apply for a product or service in joint names or where you are nominating other people on your policy (for example another driver or travel companion). If you provide personal information to us about someone else, you're responsible for telling the other person that you've provided personal information about them to us.

### How do we collect personal information?

We collect personal information when you use our website, when you call us, when you visit our offices or when you otherwise get in contact with us. While we will collect most of the information from you, we might also collect personal information about you from someone else when we are processing your application for insurance coverage or are assessing a claim under your policy. This may include another insurer, an insurance investigator, claims manager or a medical provider. At our offices we may record you using CCTV for quality, training, security and record keeping purposes.

### What about other information – non-personal information?

When you visit and browse our website, we also collect general information (like your internet protocol (IP) address) that won't personally identify you. This information allows us to maintain, evaluate and improve our site's performance. We may also collect and use aggregated non-personal information to assess our offerings and to consider improvements to our products and services.

### Will we send you advertising and marketing materials?

From 2 July 2014, for new customers we will only send you marketing materials about our products and services or those of selected third parties if we have your consent to do so. We will normally obtain your consent when you purchase a policy from Direct Asia. For all customers, when we send you marketing materials, we will provide you with an unsubscribe facility, in case you decide that you do not want to receive marketing materials. You should follow the instructions which are included in the marketing materials, if you wish to unsubscribe. Or you may contact us at [unsub@directasia.com](mailto:unsub@directasia.com).

### Will we disclose your information to others?

So we can provide you with the insurance that suits you, we may disclose your personal information on a confidential basis to other parties who help us provide our products and services. This may be our group companies, other insurers, parties involved in supporting the claims process like loss adjusters, managers and assessors, repairers and suppliers, investigators and recovery agents. We may also disclose to police, credit enforcement groups, legal advisors and health providers assisting us to provide our services to you. Those group or external companies who assist us to webhost, help us maintain our website, provide communication services (like mailing) and problem solve may also have access to your personal information for the sole purpose of providing those services.



**Contact us at**  
Hotline: (65) 6532 1818  
E-mail: Claim@DirectAsia.com

Some group or external companies may gather non-personal information to evaluate the effectiveness of our online marketing activities. We impose security and confidentiality requirements on how these parties handle your personal information and we limit the use of it to the specific purpose for which we supplied it. In addition, we may disclose your information where there is a legal or regulatory requirement to do so.

#### **Will we transfer your information outside of Singapore?**

Where our partners who help us in the administration or operation of our organisation are based in other locations (e.g. our back-up data centre in Hong Kong), your information may be transferred outside of Singapore. We will only do so in accordance with applicable laws.

#### **Access to your information and ensuring it is up-to-date**

If at any time you believe the personal information we have about you is not accurate or up-to-date, please contact us at [CustomerService@DirectAsia.com](mailto:CustomerService@DirectAsia.com) or on **666 55555** and we'll change it promptly. If you would like a copy of some or all of the personal information we hold about you, please contact us at [CustomerService@DirectAsia.com](mailto:CustomerService@DirectAsia.com) or on **666 55555**. We will provide the copy to you within a reasonable time and we may charge you an amount for our reasonable costs for providing the copy to you.

#### **How long will we keep your personal information for?**

We will only hold your personal information for as long as is necessary for the purposes described in this Privacy Statement or for legal or business purposes.

#### **Dealing with other people**

If you authorise someone else (for example your relative) to provide your personal information to us, then you also authorise such other person to provide your consent to this Privacy Statement. We will deal with your spouse or partner if they call us on your behalf provided they are named on the policy and they satisfy our identification and verification checks. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf and with your consent. If at any time you want us to deal only with you, please let us know.

#### **How do we protect your personal information?**

The protection of your personal information is a priority for us. We take all reasonable precautions to protect your personal information from loss, misuse and any unauthorised access, modification or disclosure. Your personal information is stored on our computer systems which are protected from unauthorised access by physical security methods and a combination of technologies (firewalls, secure logon processes, encryption and intrusion monitoring technologies). The information you provide to us via our website is securely encrypted as it travels between your computer and our computers. The secure connection is over a protocol called secure socket layer - SSL, making it difficult for others to access your information. Two ways of knowing when you are using a secured section of our website is to look for the small padlock symbol in the bottom right hand corner of your browser and secondly the web address in your browser window will start with "https" instead of "http". However, the transmission of information via the internet is not completely secure. Although we will do our best to protect your personal information, we cannot guarantee the security of your personal information provided to us via the internet, and any transmission is at your own risk.

#### **What you can do to protect your personal information**

There are things you can do to secure your online experience:

- Antivirus and Spyware Protection. Install a commercial quality antivirus/spyware protection software package on your computer.
- Firewall. Make sure you have an active firewall. A firewall is a device that prevents unauthorised users from accessing or connecting to computers or networks.
- PC Operating System. Keep your computer's operating system up to date with the latest updates.
- Log out. Always remember to log out from the Direct Asia Insurance session when you have completed your transactions. Do not leave your computer unattended while internet transactions are being processed.
- Clear your cache. We strongly recommend that you clear your browser's cache after each internet session. Cache files on your computer can retain images of data sent or received over the internet, making you a potential target for a system hacker.
- Do not share your passwords with other people and keep your information, whether in electronic form or on paper, private.

#### **What happens when you make an online payment?**

When you make a payment on our website using your credit card, your credit card number is passed in a secure manner between our website and third party payment providers, such as the issuer of your credit card. We use an industry recognised payment service provider to process any insurance payments you make using this website. The service provider is required to protect your personal information on our behalf.

#### **Communicating with us via the internet**

Our website enables you to communicate with us electronically using the internet. We need your email address in order to respond to your communications with us. We WILL NOT ask you to verify your identity by email. An email which appears to come from us, or which claims to be sent by us - asking for personal information should not be opened. It should be deleted immediately as it's likely to be an attempt to acquire (wrongfully) your personal details (called 'phishing'). If we need to verify your identity, we will contact you by telephone. We keep the content of email correspondence you have with us as it will help us understand your needs and provide you with assistance.

#### **Do we use Cookies?**

We use cookies as a part of interaction with your internet browser. Cookies help us to provide you with a customised service and to enable our website online insurance quotation and purchase process. Cookies may also be used to record non personalised information such as the date, time or duration of your visit or the pages accessed, for website administration, statistical and maintenance purposes. However, any such information will be aggregated and not attributed to individual users. If you would like to change the way websites identify you, you should change the cookie settings in your browser settings.

#### **Links to other sites**

We may provide links to other websites which may be of interest to you. These other websites are not subject to this Privacy Statement and you should read the privacy and security statements on those websites to understand how they deal with your personal information. We shall not be held liable for any loss or damage suffered by you arising from your access and/or use of these websites.