



redefining / standards

AXA Affin General Insurance Berhad (23820-W)

Ground Floor Wisma Boustead
71 Jalan Raja Chulan 50200 Kuala Lumpur
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📠 (603) 2031 7282
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SmartTraveller Claim Form

Please complete all the relevant sections of this form and return with originals of all the documents requested to:

Ground Floor, Wisma Boustead, 71 Jalan Raja Chulan, 50200 Kuala Lumpur. Email: claims@axa.com.my Tel: (603) 2170 8282 Fax: (603) 2031 6393 no later than 45 days after the expiry of the insurance or upon return to Malaysia, whichever is earlier.

Please complete the General section followed by the relevant section(s) to which your claim(s) relate(s).

A. GENERAL

Claimant's full name:		
Occupation:	Age:	Certificate No.:
Address:		
Tel. No. (House):	Tel. No. (Office):	Email:
Travel agent:		
Date of booking: dd/mm/yy	Booked holiday dates: From dd/mm/yy To dd/mm/yy	
Do you have other insurance covering this loss? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give type of policy and Policy No.)		

B. PERSONAL ACCIDENT / CHILD EDUCATION FUND

Name of Claimant:	
Date of accident: dd/mm/yy	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 you:	
Name and address of usual doctor (if different from above):	

C. MEDICAL EXPENSES / ALTERNATIVE MEDICINE / HOSPITAL ALLOWANCE / MEDICAL EVACUATION AND REPATRIATION / REPATRIATION OF MORTAL REMAINS / COMPASSIONATE VISITATION / QUARANTINED COVER AS A RESULT OF PANDEMIC INFLUENZA

Name of Claimant:	
Date of accident or onset of illness: dd/mm/yy	Place of accident or onset of illness:
Nature of accident/illness:	
Period in hospital/quarantined:	

Nature of expenditure	To whom paid	Amount (state currency if not RM)

CLM0049 (04/12)

D. BAGGAGE & PERSONAL EFFECTS / PERSONAL MONEY & DOCUMENTS / BAGGAGE DELAY / LOSS OF CREDIT CARD / GOLF EQUIPMENT (ANNUAL PLAN)

Date and time of loss/damage:	dd/mm/yy	am/pm	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If yes, please provide date reported and address of police station) dd/mm/yy			
Did loss/damage occur in the custody of a carrier (airline, bus company, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date reported to carrier/issuing bank: dd/mm/yy			
Name and address of carrier/issuing bank:			
Have you received any payment from carrier/issuing bank or other parties responsible for the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If yes, please give amount)			

Baggage initials of owner	Details of item(s) lost or damaged including make/model	Place purchased	Purchase date	Purchase price	Amount claimed

Money initials of owner	Amount (RM)	Amount in foreign currency	Total amount claimed

E. TRAVEL DELAY

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

Flight No.	Airport of departure	Original scheduled departure				Actual departure			
		From	To	Date	Time	From	To	Date	Time

F. CANCELLATION COVER / CURTAILMENT / REPLACEMENT TRAVELLER (ANNUAL PLAN) / MISSED DEPARTURE

Full names of all claimants:
Claim for (tick where appropriate): <input type="checkbox"/> Cancellation <input type="checkbox"/> Curtailment of holiday <input type="checkbox"/> Missed departure
Date of cancellation/Arrival home if curtailed: dd/mm/yy
Reason for cancellation/curtailment/replacement traveller:
Name of sick or injured person and relationship to insured:
Amount claimed:

G. OVERBOOKED FLIGHT / TRAVEL MISCONNECTION / TRAVEL REROUTE

Flight No.	Airport of departure	Original scheduled departure				Actual departure			
		From	To	Date	Time	From	To	Date	Time

H. HIJACKING INCONVENIENCES

Date of hijack:	dd/mm/yy	Time of hijack:	am/pm
Reason of hijack:	By:		
Date of release:	dd/mm/yy	Time of release:	am/pm

I. HOME CARE BENEFIT

Date of fire/burglary:	dd/mm/yy	Time of fire/burglary:	am/pm
Brief details of how fire/burglary started:			
Police report made by:			
Total amount of loss:			
Have you received any payments from other insurance company for this loss? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give amount received, name of insurance company and policy no.)			

No. of items	Details of item(s) damaged including make/model, etc	Place purchased	Purchase date	Purchase price	Amount claimed

J. RENTAL CAR EXCESS COVER

Date of accident:	dd/mm/yy	Time of accident:	am/pm
Brief details of accident:			
Police report made by:		Excess amount paid:	

K. RANSOM PAYMENT AS A RESULT OF KIDNAPPING & HOSTAGE

Date of ransom:	dd/mm/yy
How did it happen?	
Date of police report:	dd/mm/yy

L. LOSS OF DEPOSIT OR FULL PAYMENT DUE TO INSOLVENCY OF AIRLINES

Amount paid to Airlines:	
Date of payment of airlines ticket:	dd/mm/yy
Date travel insurance was purchased:	dd/mm/yy

NOTE

For Personal Liability claim, please refer to AXA office for a separate claim form.

M. DECLARATION

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

Signature :

Date: dd/mm/yy

Name:

NRIC No:

N. MEDICAL AUTHORISATION

The 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, and other insurers which I am insured with or made a medical claim to disclose my health conditions or information to **AXA Affin General Insurance Berhad** in order to process my insurance claims.

AXA Affin General Insurance Berhad 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.

Photocopies of this authorisation shall be considered as valid as the original.

Signature :

Date: dd/mm/yy

Name:

NRIC No:

0. REGULAR DOCTOR'S REPORT

This medical report 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.

Patient/Insured Name:

NRIC No.:

Are you the patient's regular doctor?

 Yes

 No

For how long have you known the patient?

Date the patient first consulted you:

dd/mm/yy

Date you last saw him/her professionally:

dd/mm/yy

Has patient suffer any physical defects, deformities, congenital or hereditary disease?

 Yes

 No

(If yes, please give details)

Please state from the past records or from your personal knowledge, details of all illness, accidents, surgical operations or diseases from which the patient has suffered or for which he/she has been treated at your clinic

Date	Complaints & symptoms	Diagnosis	Treatment	Name of medicine prescribed

Please provide results of all investigations carried out in the process of this treatment at your clinic (CXR, ECG, BMX, EKG, Angiogram, CT Angiography, BMX, blood test, ultrasound, gastroscopy, stress test, etc.)

Date of investigation	Reasons for investigation	Types of investigation	Results

Details of patient having received advice, treatment or having investigations carried out by any other doctor

Date of visit	Reasons for consultation	Name and address of physician consulted	Type of test done	Result of test done

Please use this space to provide us with any other additional comments that you feel may assist us to understand the patient health status during his/her lifetime.

(Please use additional sheets if necessary)

If you were treating the patient prior to the holiday, was he/she fit to travel at date of booking which was on _____ (dd/mm/yy) _____?

 Yes

 No

Others:

Signature of doctor:

Date:

dd/mm/yy

Name of doctor & qualification:

Clinic rubber stamp print:

Telephone No.:

LIST OF REQUIRED DOCUMENTS

Section	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	Child Education Fund	Children Certificate of Birth
3	Medical Expenses	Medical report from the attending doctor abroad, Original medical invoices and receipts for all amount claimed (Itemized), 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	Quarantined Cover as a Result of Pandemic Influenza	Medical report from the attending doctor / health officer.
6	Emergency Medical Evacuation and Repatriation	Medical report from the attending doctor abroad, Original medical invoices and receipts for all amount claimed (Itemized), 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.
7	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 third party i.e. carrier, transporter, hotel etc., obtain written report from them on the incident and write official complaint holding them responsible for the loss. Photos showing the damaged baggage.
8	Personal Money & Documents	Police report detailing the circumstances and list of items stolen, Original receipts for additional costs incurred in replacing lost travel documents.
9	Baggage Delay	Delayed Baggage report from the carrier concerned confirming the duration of delay and reasons thereof, A written confirmation from the carrier concerned on the date and time of baggage delivery.
10	Travel Delay	A written confirmation from the carrier concerned confirming the duration of delay and reasons thereof, Original receipts for payment of the tour if claiming for Section 10 (2).
11	Loss of Deposit or Cancellation	Medical report, Death Certificate, proof of relationship etc as the case may be, Copy of Medical Bills, Original receipts for payment of the tour, Tour operator's booking and cancellation/refund invoices, terms & conditions.
12	Travel Curtailment	As Section 11 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.
13	Travel Overbooked	A written confirmation from the carrier concerned confirming the overbooked flight details and when the next alternative transportation is available.
14	Travel Misconnection	A written confirmation from the carrier concerned confirming flight misconnection details and when the next alternative transportation is available.
15	Hijacking Inconvenience	A written confirmation from the carrier concerned confirming the incident and duration.
16	Missed Departure	Original receipts for expenses claimed for additional accommodation and travel expenses, A written confirmation from the public transport services concerned confirming the mechanical breakdown.
17	Travel Reroute	A written confirmation from the carrier concerned confirming the number of hours delayed in arriving at your destination and the reason for such delay.
18	Loss of Deposit or Full Payment Due to Insolvency of Airlines	Original receipt for payment for the Airline ticket, Booking invoice together with the booking terms and conditions, and trip itinerary, Police report detailing the alleged Insolvency of the Airlines, Written confirmation from Jabatan Insolvensi Malaysia on the insolvent status of the Airlines.
19	Loss of Credit Card	Police report, Statements issued by the issuing bank showing the record of unauthorized use of credit card including date and time of notification of loss.
20	Personal Liability	DO NOT ADMIT LIABILITY. Forward any correspondence from third party unanswered to AXA office immediately.
21	Home Care Benefit	Police report, Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase.
22	Rental Car Excess Cover	Original car rental agreement, Written advice from rental agency holding the Insured liable for the loss of or damage to rental vehicle, Original invoices and receipt from the rental agency for car rental, Copies of each driver's driving license at the time of accident, Copy of overseas motor insurance policy if available, Original receipt of the excess paid.
23	Ransom Payment as a Result of Kidnapping and Hostage	Police report, A written confirmation from the Malaysian Embassy in the concerned country confirming the incident and duration.
24	Replacement Traveller	Medical report, Proof of relationship etc as the case may be, Copy of Medical Bills, Original receipts for payment of the tour, Tour operator's booking and cancellation invoices.
25	Golf Equipment Cover	Original receipt for the loss/damage equipment, Photo of damage golf equipment.