

NOTIFICATION OF CLAIM - TRAVEL INSURANCE

IMPORTANT INSTRUCTIONS:

1. Please contact the assistance hotline immediately **(+632 7514041)** in case you need emergency assistance while travelling. Failure to call may be grounds for denial of the claim.
2. For claims processing, all necessary documents have to be submitted. The company reserves the right to request additional documents as deemed necessary.
3. Submission of required documents does not guarantee approval of your claim. The submitted documents will be reviewed and evaluated, subject to limits, terms and conditions of your existing Travel Policy.
4. This form, together with the required claims documents, must be submitted within 30 days from the expiry date of travel policy. (Please refer to the attached "List of Required Claims Documents"). Failure of the claimant to submit necessary documents within the given period shall be deemed abandonment of the claim.

INSURED'S INFORMATION

Insured's Name :		Age :	Sex :
Address :		Policy Number :	
		Home :	Office :
E-mail Address :		Fax :	Mobile :

CLAIMANT'S INFORMATION

Claimant's Name :		Age :	Sex :
Address :		Home :	Office :
		Mobile :	Birthday :
Relationship to Insured :		E-mail Address :	

TYPE OF LOSS

PLEASE CHECK THE PARTICULAR TYPE OF LOSS:

LOSSES AND DELAYED DEPARTURE

- Delayed Departure
 Baggage and Personal Effects
 Delay in the Arrival of Luggage
 Location and Forwarding of Luggage and Personal Effects

PERSONAL ACCIDENT

- Accidental Death and Disablement

CANCELLATION AND CURTAILMENT

- Travel Cancellation
 Reimbursement of Forfeited Holidays

OTHERS

- General Information
 Relay of Urgent Message
 Advance of Fund
 Delivery of Medicines
 Aircraft Hijacking

MEDICAL & EMERGENCY EXPENSES

- Medical Expenses (International)
 Medical Expenses (Indonesia)
 Mortal Remains Repatriation
 Emergency Return Home following Death of a close Family Member
 Transport or Repatriation in case of Illness or Accident

 PERSONAL LIABILITY

Place where incident, loss or illness occurred:

Date of Occurrence:

Time of Occurrence:

 Are there any other policies of insurance in force covering you in respect of this event? Yes No

If Yes, please specify: _____

FOR PERSONAL ACCIDENT/SICKNESS - Medical and Additional Expenses

 Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? No Yes

If Yes, please specify Nature of Illness or Injury:

Provide Name and Address of your usual attending physician:

DOCUMENTS SUBMITTED

Type of Document	Details / Official Receipt Numbers	Amount

AUTHORITY, RELEASE AND DECLARATION STATEMENT

AUTHORITY : I hereby authorize Oriental Assurance Corporation and/or MAPFRE Asistencia and its authorized representatives to request and receive any information, document or record from any hospital, clinic, laboratory, attending physician and other health service provider, which information or document relates to any examination laboratory test results, medical history and/or treatment in connection with this claim, and such other matters related thereto.

RELEASE & SUBROGATION : Payment received by me in relation to this claim shall constitute as full, final and complete settlement. I further agree that the Company is subrogated to my rights of recovery on all claims and rights of action to the extent of the payments made and/or on account of the losses incurred or which may be incurred by the Company against any person, corporation or entity in connection with this claim and I further agree to authorize the Company to commence all legal actions and proceedings necessary to enforce my claim or recovery thereof with any undertaking to extend my cooperation or assistance whenever necessary.

DECLARATION : I declare that all data/statements found herein and on all pages of this form are complete and true, whether written by me or by anyone else on my behalf, shall be binding on me, and that the amounts being claimed herein are lawfully due to me under the terms and conditions of the policy.

Signature over Printed Name of Patient
or of Principal Insured, if Patient is a Minor

Date

FOR ORIENTAL ASSURANCE CORPORATION USE ONLY

Reference File Number :	CLAIM OUTCOME
Evaluation :	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
	Processed By :
	_____ Signature over Printed Name
	Approved By :
	_____ Signature over Printed Name