



TOKIO MARINE
INSURANCE GROUP

Claim Form

Travel Partner

To speed up the process, please (1) Complete this form, (2) Prepare the documents required listed on page two and (3) Mail them to TMIM as soon as possible. Thank you

Claim No.: _____ Policy or Certificate No.: _____

Particulars of Insured

Policyholder's Full Name: _____ Gender: ☐ Male ☐ Female Age: _____

GST registration No. (If registered) _____ Date of registration: _____
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Mobile No.: _____ Email: _____

Correspondence Address: _____

Claimant Name: _____ Gender: ☐ Male ☐ Female Age: _____
(if different from Policyholder)

Mobile No.: _____ Relationship to Policyholder: _____ Occupation: _____

Travel Period: _____ to _____ Total amount claimed (MYR): _____
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Date of Incident: _____ Time: _____ Location: _____
D D M M Y Y Y Y

Type of Incident: ☐ Medical Expenses ☐ Luggage Delay ☐ Flight misconnection ☐ Overbooked Flight
☐ Trip Curtailment ☐ Missed Departure ☐ Cancellation (Loss of Deposits) ☐ Delay in Departure/Arrival
☐ Loss/Damage to Luggage, Personal Effects, Money & Travel Documents ☐ Others _____

Description of Incident/Nature of Illness: _____

Name, address and contact details of your usual attending doctor(s) in Malaysia: _____

Do you have other insurance covering this loss? If yes, please provide:

Insurance Company: _____ Policy No.: _____

Bank Account Details

Please provide your bank details together with a copy of bank statement/passbook showing your bank details & particular.

Name (as per bank account): _____

I.C. No. or Passport No. or ID (as per bank account): _____

Bank Name: _____ Branch: _____

Bank Account No.: _____

I hereby declare that the above information are true and correct in every aspect and agree that if I have made any false or untrue statement, any concealment, suppression, mis-statement or omission of material fact or if the claim is exaggerated in any manner, my right to the compensation shall be absolutely forfeited.

Authorization To Physician, Hospital Or Clinic To Release Information

I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history to Tokio Marine Insurans (Malaysia) Berhad. I further authorize any insurance company and/or its authorized representatives to release all information and documents pertaining to my policies including all previous and current claim details to Tokio Marine Insurans (Malaysia) Berhad. A photocopy of this authorization shall have the full effect of the original authorization.

Signature _____

Name: _____

NRIC: _____ Date: _____

Company Stamp (if applicable) _____

Designation: _____

Documents Required

Below is a list of documents required to proceed with your claim.

In certain circumstances, more information may be required to substantiate the claim.

Type of Incident	Documents Required (Please tick against the documents you have submitted)
Basic Documents	<input type="checkbox"/> Duly completed travel claim form <input type="checkbox"/> Copy of Insurance Certificate <input type="checkbox"/> Original boarding pass/Air tickets/Booking Itinerary
Personal Accident - Accidental Death & Permanent Disablement	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> Death Certificate, Police Report, Post Mortem Report and Proof of Relationship (if applicable) <input type="checkbox"/> Letter of Administration/Distribution Order/Grant of Probate, if no Nomination <input type="checkbox"/> Specialist Report confirming the permanent disability
Medical Expenses	<input type="checkbox"/> Medical report from the attending doctor abroad <input type="checkbox"/> Original medical invoice/receipts (Claim below RM500, doctor to write the diagnosis at the reverse side of receipt)
Flight Misconnection/ Overbooked	<input type="checkbox"/> Letter from Airline confirming the overbooked or misconnected flight details and when the next transportation is made available
Trip Curtailment/ Missed Departure/ Trip Cancellation	<input type="checkbox"/> Original receipts for hotel accommodation, meals or refreshments. <input type="checkbox"/> Original receipts confirming the charges paid, proof of credit card statement for online payment <input type="checkbox"/> Letter from relevant parties confirming the refund amount or reason for no refund <input type="checkbox"/> Medical Certificate from treating physician advising you to return home due to injury or illness <input type="checkbox"/> Death Certificate (if applicable) <input type="checkbox"/> Medical Report
Delay in Departure/Arrival	<input type="checkbox"/> Letter or Report from Airline on duration of delay, reason of delay, actual departure and arrival
Luggage Delay/Loss or damage to luggage, personal effects, money & travel documents/ Home Care Benefit	<input type="checkbox"/> Property Irregularity Report from Airline on loss of luggage, duration of delay and offer of compensation <input type="checkbox"/> Police Report lodged at place of incident within 24 hours and detailing the circumstances <input type="checkbox"/> Listing and purchase receipts for all items claimed. If not available, provide description of items, date and price of purchase <input type="checkbox"/> Photographs to show the extent of damage and repair invoices, if applicable <input type="checkbox"/> Delivery Notes showing the date and time of receiving the luggage <input type="checkbox"/> Original receipts for replacement cost of passport/visa/travel documents <input type="checkbox"/> Original receipts for hotel accommodation, land transportation cost and communication expenses
Hijacking Inconvenience	<input type="checkbox"/> Written confirmation from the Carrier concerned confirming the incident & duration
Personal Liability	<input type="checkbox"/> Forward to TMIM immediately of any lawsuit or demand from the third party claimant <input type="checkbox"/> Do not admit liability or negotiate settlement without prior consent from TMIM
Loss of Travel Deposits/ Travel Package Payment	<input type="checkbox"/> Original receipts confirming the charges paid, proof of credit card statement for online payment <input type="checkbox"/> Police Report <input type="checkbox"/> Confirmation from Jabatan Insolvency Malaysia on the insolvent status of Travel Agent
Additional Cost of Rental Car Return	<input type="checkbox"/> Original Car Rental Agreement and confirmation letter on the actual return of the car <input type="checkbox"/> Original Invoice and Receipt for payment of the car rental, additional payment for the late return of the car <input type="checkbox"/> Copy of International driving license valid at the time of accident <input type="checkbox"/> Proof of hospitalization at the time when the car was due to be returned