



BERJAYA SOMPO INSURANCE

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SOMPO TRAVEL PLUS CLAIM FORM

SECTION 1 – POLICYHOLDER / CLAIMANT DETAILS

Policy / Certificate No.			
Name of Policyholder		Name of Claimant	
NRIC / Passport No.		NRIC / Passport No.	
Mobile No.		Mobile No.	

SECTION 2 – E-PAYMENT FOR PROMPT SETTLEMENT

Name of Account Holder		NRIC No.	
E-mail Address		Business Registration No.	
Name of Bank		Bank Account No.	

Note: Please support your bank account details by providing copy of bank statement or passbook for verification.

The settlement sum paid or credited to my/our bank account will constitute a valid and final discharge of all your obligations as insurer due to me/us.

SECTION 3 – CLAIM AND LOSS DETAILS

Travel Period (dd/mm/yyyy)	From		To	
Date and Time of Loss / Accident	Date		Time	Location
Type of Loss / Accident	<input type="checkbox"/> Personal Accident (Death / PD) <input type="checkbox"/> Medical Expenses / Hospital Allowance <input type="checkbox"/> Loss or Damage of Baggage or Personal Effects <input type="checkbox"/> Baggage Delay <input type="checkbox"/> Loss of Money or Travel Documents <input type="checkbox"/> Loss of deposit or Cancellation <input type="checkbox"/> Travel Delay <input type="checkbox"/> Travel Misconnection <input type="checkbox"/> Travel Curtailment <input type="checkbox"/> Others, please specify (_____)			
How the incident happened? <i>*If space is insufficient, please give details in a separate paper</i>				Total amount claimed (MYR)
Do you have other parties covering this loss? If yes, please provide			Received from	
			Amount Received	

DECLARATION AND AUTHORIZATION

I hereby declare that to the best of my knowledge and belief, the above details/information as provided by me are true and complete and I understand that the Company reserves all rights for final evaluation as appropriate on all or any part of the claims made. If I made or shall make any false/fraudulent statements, or withhold any material facts whatsoever in respect of this claim, I shall forfeit all rights to recover from the Company.

I authorise any hospital's doctor and/or other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority or obtained the consent to provide that information to the Company and/or its service provider, and have informed the said individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company and/or its service provider, and the individual agrees and consents, that the Company and/or its service provider may collect, use and process my/his/her personal information for the purpose as it was provided and as indicated in the Company's Privacy Notice at www.berjayasompo.com.my

Signature : _____ Name : _____ Date : _____

SOMPO TRAVEL PLUS CLAIM FORM

THE REQUIRED SUPPORTING DOCUMENTS BY TYPE OF CLAIM

Please note: In certain circumstances, we may require additional information; your early response will expedite the process of your claim.

COMPULSORY FOR ALL TYPES OF CLAIM

Duly completed Claim Form

Flight Itinerary

PERSONAL ACCIDENT (Death / PD)

- Medical report from attending doctor abroad.
- Death Certificate, Post Mortem Report and Police Report

MEDICAL EXPENSES / HOSPITAL ALLOWANCE

- Medical report from the attending doctor abroad
- Original medical invoice 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

LOSS OF BAGGAGE AND / OR PERSONAL EFFECTS

- Copy of receipt or credit card statement to support the value of damaged items. If not available, provide description of items (brand/model), date, place and price of purchase
- Police report detailing the circumstances and list of items stolen.
- If in the custody of 3rd 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
- Photographs showing the damage baggage

LOSS OF PERSONAL MONEY / TRAVEL DOCUMENTS

- Police report detailing the circumstances and list of items stolen.
- Original receipts for additional costs incurred in replacing lost travel documents.

BAGAGGE 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

TRAVEL DELAY

- Written confirmation from the carrier concerned confirming the duration of delay or boarding pass
- Original receipt for payment of tour claiming for Section 4.4 (2)

LOSS OF DEPOSIT / CANCELLATION

- Medical report, Death Certificate, proof of relation 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

TRAVEL CURTAILMENT

- A written confirmation from the attending doctor abroad that it is necessary to return home
- Medical report, Death Certificate, proof of relation etc. as the case may be
- 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.

TRAVEL MISCONNECTION

- A written confirmation from the carrier concerned confirming flight misconnection details and when is the next alternative transportation available

For other type of claim, please visit www.berjaysompo.com.my for Action / Document (s) required as stated in Travel Care Policy Wording