

American Express Cardmember / Business Travel Claim Form



SG015



The information requested and supporting documents required for your claim are detailed below each section. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim.

Your Policy may not provide cover under every section shown in this claim form, please tick [✓] according to the type of claim you are filing for and complete the relevant sections:

Claiming for	Sections to be completed
1. Travel Cancellation, Curtailment or Loss of Deposits	<input type="checkbox"/> A, B and C
2. Overseas Medical Expenses, Dental or Hospitalisation	<input type="checkbox"/> A, B and D
3. Accidental Death or Permanent Disablement	<input type="checkbox"/> A, B and E
4. Travel Inconvenience or Emergency Expenses	<input type="checkbox"/> A, B and F
5. Baggage, Money or Travel Documents	<input type="checkbox"/> A, B and G
6. Personal Liability or Legal Assistance	<input type="checkbox"/> A, B and H
7. Rental Vehicle Excess Waiver or Car Rental	<input type="checkbox"/> A, B and I
8. Purchase Protection	<input type="checkbox"/> A, B and J
9. Return Protection	<input type="checkbox"/> A, B and K
10. Buyers Advantage or Extended Warranty	<input type="checkbox"/> A, B and L

The issue and acceptance of this form does NOT constitute an admission of liability by Chubb Insurance Singapore Limited (Chubb) or waiver of its rights. The benefits that you are eligible for are based on the terms and conditions of the policy that is applicable to your American Express (AMEX) card or trip.

Section A: Particulars of Policy and Claimant

Name of Cardmember / Sponsoring Organisation holding Business Travel Account

Name of Claimant (as in NRIC / Passport) - if different from above

Address of Cardmember / Sponsoring Organisation / Claimant

Postal Code

NRIC / Passport No. _____ Date of Birth DD / MM / YYYY

Nationality _____ Age _____

Tel No. (Mobile) _____ Tel No. (Residence) _____

Tel No. (Office) _____ Gender Male Female

Country of Residence _____ Occupation _____

Email _____

Type of AMEX Card held _____

AMEX Card No. _____

Name of Travel Agent _____

Date of Booking Travel Arrangements DD / MM / YYYY

Period of Travel From DD / MM / YYYY To DD / MM / YYYY

Nature of Trip Business Personal

Was payment for the originating and return journey charged to the AMEX Card stated? Yes No

If **No**, please provide Mode of Payment _____

Section B: Payment Details

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb.

I hereby authorise and request Chubb to pay benefit due in respect of this claim as follows (Name as per Identification Card and / or Bank Account):

Electronic Funds Transfer (for payments in SGD and to bank accounts in Singapore)

Payee Name (as per bank account name) _____

Name of Bank _____

Branch Code No. _____ Account No. _____

Cheque Payment

Payee Name (as per bank account name) _____

If no name is provided, settlement will be effected to the policyholder as provided for under the terms of the policy.

Section C: Trip Cancellation / Postponement / Curtailment

Please provide the following documents for the processing of your claim:

- 1) Any document that satisfies us that travel has been booked (e.g. a confirmed itinerary or travel agent invoice or boarding pass)
- 2) Any document that supports the unforeseen circumstances that led to the cancellation (e.g. airline report confirming reason of cancellation)
- 3) Any document that adequately supports the amount claimed (e.g. confirmation by travel agent of the amount of refund)

Note: Failure to provide these documents may result in processing delays

Please state the reason(s) for not commencing or completing the proposed journey (Please use supplementary sheet if necessary)

Was the Cancellation due to Injury / Sickness from yourself? Yes No

Was the Cancellation due to Injury / Sickness from a relative or person defined in the policy? Yes No

If **Yes**, please furnish with details below:

Name of Relative / Person defined in the policy _____

Address of Relative / Person defined in the policy _____

Relationship to Claimant _____ Age _____

Date of First Medical Treatment DD / MM / YYYY Date of First Onset of Symptoms DD / MM / YYYY

Does the Injured / Sick Person had similar condition in the past? Yes No

If **Yes**, please furnish with details below:

Name of Clinic / Hospital _____

Address of Clinic / Hospital _____

Name of Doctor _____ Contact No. _____

Date of Cancellation of Travel Bookings DD / MM / YYYY

Amount of Deposit Paid (in SGD) _____ Date Paid DD / MM / YYYY

Balance of Full Fare (in SGD) _____ Date Paid DD / MM / YYYY

Value of Forfeited Portion of Journey (in SGD) (if applicable) _____

Please state the booking(s) charged to the AMEX Card

Have you attempted to get a refund? Yes No

If **Yes**, please furnish with details below:

Name of Organisation (e.g. airline, travel agents, etc) _____

Contact No. _____ Email _____

Refund received upon cancellation (SGD) _____ Amount claimed (SGD) _____

Were any alternative arrangements offered? Yes No

If **Yes**, please provide details:

Did you accept any of these alternative travel arrangements?

Yes No

If **Yes**, please state the additional fares incurred as a result of these arrangements.

If **No**, please state reason(s) why they were not accepted.

Section D: Medical Assistance, Overseas Medical / Dental Expenses and / or Hospitalisation Benefit

Please provide the following documents for the processing of your claim:

- 1) Any document that satisfies us that travel has occurred (e.g. a confirmed itinerary or travel agent invoice or boarding pass)
- 2) Any document that shows proof of illness and medical treatment sought (e.g. doctor's medical certificate or statement)
- 3) Any document that shows proof of cost (e.g. doctor's invoice or receipt).

Note: Failure to provide these documents may result in processing delays

Please state the Injury or Sickness suffered

Date of Accident or Sickness Diagnosed DD / MM / YYYY

If the case of Injury, please describe in detail how the accident occurred (Please use supplementary sheet if necessary)

Date of First Treatment Sought DD / MM / YYYY

Name of Doctor _____

Name of Clinic / Hospital _____

Please provide details of any further treatment(s) sought (Please use supplementary sheet if necessary)

Period of Hospitalisation From DD / MM / YYYY To DD / MM / YYYY

Time of Admission (24-Hour) HH : MM Time of Discharge (24-Hour) HH : MM

Have you ever suffered from the same or similar symptoms / sickness in the past? Yes No

If **Yes**, please provide details of usual family doctor:

Name of Clinic/Hospital _____

Address of Clinic/Hospital _____

Name of Doctor _____ Contact No. _____

How long have the patient known the doctor? _____

Details of other treating physician(s) - If applicable (Please use a supplementary sheet if necessary)

Date of Consultation (DD/MM/YYYY)	Name of Doctor	Name of Clinic / Hospital	Contact No.

Please provide details of the Expenses Incurred (Please use a supplementary sheet if necessary)

Date of Consultation (DD/MM/YYYY)	Name and Address of Medical Provider	Nature of Illness / Injury and Treatment Received	Country	Currency	Amount Paid

Are these expenses recoverable from any other source? Yes No

If **Yes**, please provide details and state the amount (Please use supplementary sheet if necessary)

Section E: Travel Accident Death or Permanent Disablement Claim

Please provide the following documents for the processing of your claim:

- 1) Certified True Copy of Death Certificate, Coroner’s Depositions and Findings (if applicable), Autopsy, Toxicological Report – in the event of Death
- 2) Copy of Birth or Marriage Certificate – in the event where the person injured is not the Claimant
- 3) Police Report
- 4) Medical Reports

Note: Failure to provide these documents may result in processing delays.

Date of Accident / Loss / Illness DD / MM / YYYY Time of Accident (24-Hour) HH:MM

Place of Accident _____ Cause of death (if applicable) _____

If accident occurred on a Public Conveyance, kindly provide the details of its operator:

Name of Operator _____ Contact No. _____

Please describe in detail how the accident occurred (Please use supplementary sheet if necessary)

Please provide details of Coronial Inquisition (in the case of Death):

Date of Inquest DD / MM / YYYY Time of Inquest (24-Hour) HH : MM
 Name of Coroner _____ Place of Inquest _____
 Details of Usual Family Doctor:
 Name of Doctor _____ Contact No. _____
 Address of Clinic / Hospital _____
 How long has the Injured / Deceased known the doctor? _____

Section F: Travel Inconvenience / Emergency Expenses Claim

Declaration of expenses also includes additional travel and accommodation, emergency clothing and requisites incurred during the journey, where applicable.

Please provide the following documents for the processing of your claim:

- 1) Any document that satisfies us that travel has occurred (e.g. a confirmed itinerary or travel agent invoice or boarding pass)
- 2) An airline baggage irregularity report or similar confirming the delay
- 3) Notification from the airline or transport carrier confirming the reason for the delay
- 4) Proof of additional expenses (e.g. receipts and/or invoices)

Note: Failure to provide these documents may result in processing delays
 Date to be in (DD/MM/YYYY) and Time to be in 24-Hour format

Original Flight Details (Mandatory for all claims under this section)

Original Date, Time and Place of Departure:	Original Scheduled Date, Time and Place of Arrival:	Original Flight No.:

Flight Delay / Missed Departure / Overbooked Flight Details	Missed Connection Details	Collection Of Delayed Baggage
Rescheduled Date, Time and Place of Departure:	Actual Date and Time of Arrival at Connecting Point:	Date and Time when Luggage was found:
Rescheduled Date, Time and Place of Arrival:	Original Date, Time and Connecting Flight No.:	Date, Time and Place of Luggage returned / received:
	Rescheduled Departure Date & Time of Connecting Flight:	
Rescheduled Flight No.:		

Please list specifically the additional Travel expenses (Please use supplementary sheet if necessary)

Date Incurred	Details	Country Incurred	Currency	Amount

Please list specifically the additional Accommodation expenses (Please use supplementary sheet if necessary)

Date Incurred	Details	Country Incurred	Currency	Amount

Please list specifically the additional Emergency Clothing and Requisites expenses (Please use supplementary sheet if necessary)

Date Incurred	Details	Country Incurred	Currency	Amount

Were the expenses charged to the AMEX card? Yes No

Section G: Personal Belongings Claim (Lost, Stolen or Damaged)

- Please provide the following documents for the processing of your claim:
- 1) Any document that satisfies us that travel has occurred (e.g. a confirmed itinerary or travel agent invoice or boarding pass)
 - 2) Any document that demonstrates proof of ownership (e.g. original receipt of loss/damaged item)
 - 3) Any document that adequately supports the amount claimed (e.g. replacement invoices or repair quotes)
 - 4) Police report - in the event of Theft
 - 5) Property irregularity report – in the event of loss by airline

Note: Failure to provide these documents may result in processing delays
 Date to be in (DD/MM/YYYY) and Time to be in 24-Hour format

Please provide details of how losses, thefts or damage occurred, and the actions taken to recover them, if any
 (Please use supplementary sheet if necessary)

Date of Loss / Theft / Damage DD / MM / YYYY Time of Loss / Theft / Damage HH : MM
 Date of Incident Report DD / MM / YYYY Time Reported HH : MM

Authority reported to _____

Have you reported to the Police, lodged a claim to any Airline and/or other Authority against any Individual responsible for the incident caused to your property? Yes No

If **Yes**, please provide details of the incident reported (Please use supplementary sheet if necessary)

If **No**, please proceed to claim with the Carrier / Airline before submitting this claim to Chubb

Date and Time of Report	Name of Authority	Reference Number	Nature and Amount of Compensation Received (If Applicable)

Please provide details of all items lost / stolen / damaged (Please use a supplementary sheet if necessary)

Description of Lost / Stolen / Damaged Item	Place of Purchase	Date of Purchase	Original Price	Amount Received From Other Source	Amount Claimed	If The Item Was Replaced		
						Date Replaced	Cost of Replacement	Charged to Amex Card (Yes / No)

Are the damage repairable? Yes No (If **Yes**, please state the cost (\$): _____)

Were all of the items owned by you? Yes No

If **No**, please provide details of items not under your ownership and its respective owners (Please use supplementary sheet if necessary)

Name / Description of Item (As stated above)	Name, Address and Contact No. of Owner of Item

Are any of the items above covered by other insurance? Yes No

If **Yes**, please provide details below (Please use supplementary sheet if necessary)

Name of Company	Policy Number	Nature and Details of the Item Covered

Section H: Personal Liability / Legal Assistance Claim

Please provide the Letters or Demands of a liability claim made against you:

Note: Failure to provide the document(s) may result in processing delays

Date of Incident DD / MM / YYYY Time of Incident (24-Hour) HH : MM

Place of Incident _____

Cause of Incident _____

Please describe in detail how the incident occurred (Please use supplementary sheet if necessary)

Claim for Bodily Injury

Name of Injured party:	Address of Injured Party:
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Details of Injury (Please use supplementary sheet if necessary)

Claim for Damaged Property

Name of Person claiming against you:	Address of Person claiming against you:
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List of property damaged (Please use supplementary sheet if necessary)

Claim Against Other Party for Compensation

Name of Person to claim from:	Address of Person to claim from:
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Is the injury or damage related to a travelling companion, close relative or person working for you? Yes No
Have you in any way admitted liability? Yes No
Do you consider yourself at fault? Yes No
If **Yes**, please state reason(s) why you consider yourself at fault

Section I: Rental Vehicle Excess Waiver / Car Rental Benefits Claim

- Please provide the following documents for the processing of your claim:
- 1) Any document that satisfies us that travel has occurred (e.g. a confirmed itinerary or travel agent invoice or boarding pass)
 - 2) Any document that demonstrates that the car was hired (e.g. rental vehicle agreement showing excess -if applicable)
 - 3) Any document that shows proof of cost (e.g. quote or invoice for repairs)
 - 4) Police Report

Note: Failure to provide these documents may result in processing delays

Date of Loss DD / MM / YYYY Amount of Excess under the rental agreement (\$) _____

Was vehicle insurance taken up for the rental? Yes No
If **Yes**, please specify the type of insurance Comprehensive Liability Others: _____

Please describe in detail how the incident gave rise to this claim (Please use supplementary sheet if necessary)

Section J: Purchase Protection Claim

Please provide the following documents for the processing of your claim:

- 1) Original receipts or Proof of purchase
- 2) Original AMEX statement of purchase
- 3) Police Report(s) - in the event of Theft
- 4) Repair Quote - in the event where damaged item(s) were sent for repair

Note: Failure to provide these documents may result in processing delays
You must settle your AMEX Account in full in the normal way while your claim is being processed

(Please use supplementary sheet if necessary)

Description of Item(s) Including Make, Model and Serial Number	Date of Purchase (DD/MM/YYYY)	Original Purchase Price (Including GST)	Charged To AMEX Card (Yes / No)

Please describe in detail what happened to the item(s) listed above (Please use supplementary sheet if necessary)

Date of Incident DD / MM / YYYY Time of Incident (24-Hour) HH : MM
Place of Incident _____
Date of Theft Reported (in the event of Theft) DD / MM / YYYY Time of Theft Reported (24-Hour) HH : MM
Theft reported to _____

Section K: Return Protection

Please provide the following documents for the procession of your claim:

- 1) Original receipts or Proof of Purchase
- 2) Original AMEX statement of purchase
- 3) Store Refund Policy
- 4) Police Report(s) - in the event of Theft

Note: Failure to provide these documents may result in processing delays
You must settle your AMEX Account in full in the normal way while your claim is being processed

(Please use supplementary sheet if necessary)

Description of Item(s) Including Make, Model and Serial Number	Date of Purchase (DD/MM/YYYY)	Original Purchase Price (Including GST)

Please describe in detail what happened to the item(s) listed above (Please use supplementary sheet if necessary)

Date of Return DD / MM / YYYY

Time of Return (24-Hour)

HH:MM

Section L: Buyers Advantage Claim / Extended Warranty Claim

Please provide the following documents for the procession of your claim:

- 1) Original receipts or Proof of Purchase
- 2) Original Statement of Purchase
- 3) Repair Quote - in the event where damaged item(s) were sent for repair
- 4) Original Warranty Card for each of the item(s)

Note: Failure to provide these documents may result in processing delays
 You must settle your AMEX Account in full in the normal way while your claim is being processed

(Please use supplementary sheet if necessary)

Description of Item(s) Including Make, Model and Serial Number	Manufacturer	Period of Original Warranty (DD/MM/YYYY)	Date Of Purchase (DD/MM/YYYY)	Original Purchase Price (Including GST)	Charged To Amex Card (Yes / No)

Are the damage repairable? Yes No (If **Yes**, please state the cost (\$): _____)

Please provide details of the breakdown or defect (Please use supplementary sheet if necessary)

Section M: Declaration

Did you remember to enclose the following? (Where applicable)

Document	Yes	NA
Travel Documents (i.e. Air Tickets and / or Boarding Pass)	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bills (<u>Original copy</u> need to be submitted for Reimbursement claim)	<input type="checkbox"/>	<input type="checkbox"/>
Written notes from Physician on type of injury sustained / Inpatient Discharge Summary or Medical Report	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Police Report (if involved in Road Accident)	<input type="checkbox"/>	<input type="checkbox"/>
Original purchase receipts and photographs (for Loss and / or Damage of personal property claim)	<input type="checkbox"/>	<input type="checkbox"/>
Overseas Police or relevant authorities concerned Report (for Loss of personal property and/or money claim)	<input type="checkbox"/>	<input type="checkbox"/>
Documents with relevant authorities concerned (for Damage of personal property claim)	<input type="checkbox"/>	<input type="checkbox"/>
Settlement / Reply Letter from transport service provider, hotel or travel agent (for Curtailment or Cancellation claim)	<input type="checkbox"/>	<input type="checkbox"/>
Written confirmation issued by the transport service provider (for Baggage Delay, Flight Delay or Flight Misconnection claim)	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of receipt of luggage (for Luggage Delay claim)	<input type="checkbox"/>	<input type="checkbox"/>
Letter from the third party concerned (for Legal Liability claim)	<input type="checkbox"/>	<input type="checkbox"/>
Death Certificate, Post Mortem Report, Autopsy Report, Police Reports, Letter of Administration (if involves Fatalities)	<input type="checkbox"/>	<input type="checkbox"/>
Documents to proof occurrences of the incident and amount claimed	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I / We agree that Chubb will use the information supplied here and during the formation and performance of the policy, for policy administration, customer services, claims handling and fraud analysis and prevention, and that Chubb may disclose such information to its service providers, agents, authorities and other parties for these purposes.

I / We hereby authorise any person or entity (i.e. hospital or physician who had attended to or examined the deceased, in the case of death) to provide Chubb or its authorised representatives, any and all information with respect to any illness, injury, loss or claims, and other records (i.e. police records, medical history, consultation, prescriptions or treatment, copies of all hospital, medical, or other relevant records in relation to the death that occurred), investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of this claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

I / We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I/We agree that if I/We have made or in any further declaration or representation shall make any false or fraudulent statements or suppress, conceal or falsely state any fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past, present or future claims shall be forfeited.

Name of Claimant

Signature of Claimant

Date

Name of Witness
(to the above signature)

Signature of Witness
(to the above signature)

Date

NRIC / Passport No. of Witness
(to the above signature)

Note:

If your claim involves reimbursement of medical or other expenses (Sections D and F), kindly submit the completed claim form in person, through your Broker, or by mail to Chubb Insurance Singapore Limited at 138 Market Street #11-01 CapitaGreen Singapore 048946. Please ensure that the relevant original copies of supporting documents are submitted as well.

If your claim does not involves reimbursement of medical or other expenses, you may email the completed claim form to TravelClaims.SG@chubb.com. Please ensure that the relevant scanned copies of supporting documents are submitted as well.

Contact Us

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