

# Travel Insurance Claim Form

## Personal Accident & Medical Benefit

This issue of this form is not an admission of liability and is without prejudice.

### ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Name of Insured  
(Mr./Mrs./Miss/Ms) .....

Occupation: ..... Date of Birth:.....

Policy No ..... Period of Journey..... to.....  
(For prompt settlement please attach original or Photostat copy of Insurance Certificate)

Address.....

.....Telephone - Home:..... Business:.....

Name of Claimant: ..... Age : ..... Sex : .....

Relationship With Insured: .....

### IF CLAIMING UNDER A CORPORATE TRAVEL POLICY THE FOLLOWING SECTION IS TO BE COMPLETED BY AN AUTHORISED OFFICER OF THE INSURED COMPANY.

1. Name of Insured Company.....

2. Insured's relationship to Company.....

3. Did the loss occur whilst on Authorized Business Travel? .....Was an air trip involved in the travel.....

4. Details of journey: Departure Date.....From ..... To .....

Return Date.....

Signed..... Position held .....

**INFORMATION AUTHORITY AND WARRANTY**

I, .....  
hereby authorize any hospital, physician or other person who has attended me, or my employer or my accountant to furnish PT. Asuransi Umum Mega or its representatives with:-

- (i) All copy hospital and medical reports/notes;
- (ii) All copy employment records and income tax returns; and
- (iii) All information pertaining to my medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.

I agree that a Photostat copy of this authorization shall be considered as effective and valid as the original and specifically authorize its use as such.

I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that the PT. Asuransi Umum Mega relies upon the truthfulness of the particulars supplied by me in respect of the claim.

**PRIVACY CONSENT**

I consent to PT. Asuransi Umum Mega :

- a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by or against me or on my behalf.
- b) disclosing my personal information to related entities of PT. Asuransi Umum Mega, staff members of PT. Asuransi Umum Mega located outside Indonesia, other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisers and the agent of any of these, insurance broker, insurance agent or other intermediary for the purposes of administering my claim or providing a report.
- c) I understand that a copy of Travel Insurance policy statement may be obtained by writing to PT. Asuransi Umum Mega

I also declare that I have:

- (1) \* No other travel insurance with any insurance company.
- (2) \* Travel insurance with (name of insurance company).

\* *Please delete whichever is not applicable.*

Date .....Signature .....

**SECTION A – PERSONAL ACCIDENT**

Type of injury or sickness :	Date of accident or commencement of sickness :
Injury - Give full details of Accident :	
Date of First Medical Consultation :	Name of Doctor or Hospital :
Details of other treatment by Doctors / Hospital :	
Have you ever suffered from the same or a similar complaint in the past? Yes/No. If Yes, give details, dates, etc. :	
What was the cause of death? :	
Was a coronial inquest held or is one to be held? Yes/No If so give details :	
Name and Address of usual family doctor:	
How long has the doctor been known to the patient? :	

**SECTION B – MEDICAL BENEFIT****(MEDICAL EXPENSES, EVACUATION & REPATRIATION, COMPASSIONATE VISIT, RETURN OF MINOR CHILD)**

Type of Injury or Sickness :	Date of Accident or Commencement of Sickness :
Injury – Give full details of Accident :	
Date of First Medical Consultation :	Name of Doctor or Hospital :
Details of other treatment by Doctors/ Hospital :	
Dates in Hospital : Admitted:        /        /        am/pm        Discharged :        /        /        am/pm	
Have you ever suffered from the same or a similar complaint in the past? Yes/No. If Yes, give details, dates, etc. :	

**Please direct the claim form and all correspondence to:**

PT. Asuransi Umum Mega  
Menara Bank Mega 18<sup>th</sup> Floor  
Jl. Kapten Tendean 12 – 14A  
Jakarta 12970

Telephone : 62 21 7917 5758  
Facsimile : 62 21 7917 5024  
Email : contactus@megainsurance.co.id