

Flight Details / Butir-Butir Penerbangan

Period of Travel / Tempoh Perjalanan From / Dari To / Hingga
Travel Destination / Destinasi Perjalanan From / Dari _____ To / Ke _____

Flight No. / No. Penerbangan

Name of Airline Company / Nama Syarikat Penerbangan

Event Details / Butir-Butir Kejadian

Date of Event / Tarikh Kejadian

Location of Incident / Lokasi Kejadian

Medical & Travel Accident / Perubatan & Kemalangan Perjalanan

i) Personal Accident - Accidental Death/Personal Accident - Permanent Disablement/Child Education Fund
Kemalangan Sendiri - Kematian/Kemalangan Sendiri - Kelumpuhan Tetap/Tabung Pendidikan Anak

Date of Accident / Tarikh Kemalangan

Place of Accident / Tempat Kejadian

Nature of Injury/official cause of death) / Punca Kecederaan/punca kematian

Name of Doctor and Hospital Consulted Abroad / Nama Doktor dan Hospital Dirawat Luar Negara

Name and Address of Usual Doctor (if different from above) / Nama dan Alamat Doktor Biasa (kalau berbeza dengan di atas)

 Postcode / Poskod

ii) Overseas Medical Expenses/Follow Up Medical Expenses in Malaysia/Alternative Treatment/Daily Hospital Income/Compassionate Visit/Child Guard / *Perbelanjaan Perubatan Luar Negara/ Perbelanjaan Perubatan Menindaklanjuti di Malaysia/Rawatan Alternatif/Pendapatan Hospital Harian/Lawatan Ihsan/Penjagaan Anak*

Please tick the appropriate box / Sila tandakan kotak yang berkenaan:

- | | | |
|---|--|---|
| <input type="checkbox"/> Overseas Medical Expenses
<i>Perbelanjaan Perubatan Luar Negara</i> | <input type="checkbox"/> Follow Up Medical Expenses in Malaysia
<i>Perbelanjaan Perubatan Menindaklanjuti di Malaysia</i> | <input type="checkbox"/> Alternative Treatment
<i>Rawatan Alternatif</i> |
| <input type="checkbox"/> Daily Hospital Income
<i>Pendapatan Hospital Harian</i> | <input type="checkbox"/> Compassionate Visit / <i>Lawatan Ihsan</i> | <input type="checkbox"/> Child Guard / <i>Penjagaan Anak</i> |

Date of Accident or Onset of Illness / Tarikh Kemalangan atau Permulaan Kesakitan

Place of Accident or Onset Illness / Tempat Kemalangan atau Perubatan Kesakitan

Nature of Accident/Illness / Sifat Kemalangan/Kesakitan

Period in Hospital / Tempoh di Hospital dari ke

Overseas Hospital Name / Nama Hospital Luar Negara

Follow-up Hospital Name in Malaysia/ Nama Hospital ditindaklanjuti di Malaysia

	Postcode / Poskod

Amount Claimed/ Jumlah Dituntut RM

iii) For Child Education Fund / Untuk Tabung Pelajaran Anak

Child Name / Nama Anak	Date of Birth / Tarikh Lahir	Learning Institution / Nama Sekolah

Travel Inconvenience / Kerumitan Perjalanan

i) Claims for Travel Cancellation/Travel Curtailment/Disruption Benefits / Tuntutan untuk Pembatalan Perjalanan/Penyingkatan Perjalanan/Manfaat Gangguan Perjalanan

(Please attach Medical Certificate, Death Certificate, Letter of Administration, Medical Report, Invoices or evidence of proof whichever is applicable. / Sila lampirkan Sijil Sakit, Sijil Kematian, Surat Pentadbir Harta, Laporan Perubatan, Invois atau bukti yang berkenaan.)

Please tick appropriate box / Sila tandakan petak yang berkenaan:

<input type="checkbox"/> Travel Cancellation / Pembatalan Perjalanan	<input type="checkbox"/> Travel Curtailment / Penyingkatan Perjalanan	<input type="checkbox"/> Disruption Benefits / Manfaat Gangguan Perjalanan
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Date of cancellation/arrival, if curtailed/disrupted / Tarikh pembatalan/ketibaan, kalau perjalanan disingkatkan/perjalanan tergendala.

D	D	-	M	M	-	Y	Y	Y	Y
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Please state reason for cancellation/curtailment/disruption of holiday. / Nyatakan sebab pembatalan/penyingkatan percutian/gangguan perjalanan

If caused by illness, has the insured person/the person whose medical condition resulted in cancellation/curtailment suffered from the same illness before? If so, please provide family doctor details.

Jika disebabkan penyakit, adakah orang yang diinsuranskan pernah mengalami sakit yang sama sebelum ini? Jika ya, sila nyatakan butir-butir doktor keluarga.

Name of Sick/Injured/Deceased Person / Nama Pihak yang Sakit/Cedera/Mati

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Relationship to Insured / Hubungan dengan Pihak Tertanggung

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Amount Claimed / Jumlah yang Dituntut RM

Refund Amount from Agent/Airline / Bayaran Balik Daripada Ejen/Syarikat Penerbangan RM

ii) Loss or Damage Personal Effects and/or Baggage/Loss of Travel Documents/Loss of Money/Loss of Credit Card (fraudulent usage) / Kehilangan atau Kerosakan Barang dan/atau Bagasi Peripadi/Kehilangan Dokumen Perjalanan/Kehilangan Wang/ Kehilangan Kad Kredit (kegunaan penipuan)

Please tick appropriate box / Sila tandakan petak yang berkenaan:

<input type="checkbox"/> Personal Effects and/or baggage / Barang dan/atau Bagasi Peripadi	<input type="checkbox"/> Travel Documents / Dokumen Perjalanan	<input type="checkbox"/> Money / Wang	<input type="checkbox"/> Credit Card (fraudulent usage) / Kad Kredit (kegunaan penipuan)
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Date of Loss/Damage / Tarikh Kehilangan/Kerosakan

Time / Masa AM/PM

Location of Incident / Lokasi Kejadian

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Full Circumstances of Loss/Damage / Keadaan Penuh Kehilangan/Kerosakan

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Did you report to the loss/damage to the authority? (if yes, please provide date reported and the name of the authority. If no, please state the reason.) / Sudahkah anda melaporkan kehilangan/kerusakan kepada pihak berkuasa? (Kalau ya, sila nyatakan tarikh dilapor dan nama pihak berkuasa tersebut. Kalau tidak, sila nyatakan sebab.) Yes / Ya No / Tidak

Date / Tarikh - Name of Authority / Nama Pihak Berkuasa _____

Any compensation by the common carrier (such as airline, train, bus etc) company? / Ada pampasan daripada syarikat pengangkutan biasa (seperti syarikat penerbangan, keretapi, bas dll) _____

Whether the loss/damage was in the custody of a carrier / Sama ada kehilangan/kerosak ada di bawah jagaan syarikat pengangkutan Yes / Ya No / Tidak

For loss of travel documents, did you incur additional expenses such as transportation or hotel accommodation during the replacement of travel documents in overseas? If yes, please list down the details / Untuk kehilangan dokumen, adakah anda menanggung perbelanjaan tambahan seperti pengangkutan atau penginapan hotel semasa penggantian dokumen perjalanan di luar negara? Yes / Ya No / Tidak

Date and time reported to the issuing bank (for loss of credit card) / Tarikh dan masa laporan dibuat kepada bank pengeluaran (untuk kehilangan kad kredit)

Date of Loss / Tarikh Kehilangan - Time / Masa :

Name of Issuing Bank and the outcome of their investigation on the disputed transaction. / Nama Bank Pengeluaran dan keputusan penyiasatan transaksi yang dipertikaikan.

Description for Loss or Damage of Personal Effects or Baggage / Penerangan untuk Kehilangan Barang Peribadi atau Bagasi
Please attached list if more items to be declare / Sila lampirkan senarai jika ada lagi item yang hendak diisytihar.

Description (Make & Model) Penerangan (Buatan & Model)	Date Purchased Tarikh Pembelian	Purchase / Repair Price Pembelian/Harga Membaiki

If Loss of Money / Kalau Kehilangan Wang

Amount (RM) / Jumlah (RM)	Amount in Foreign Currency / Jumlah dalam Matawang Asing

iii) Baggage Delay/Travel Delay/Travel Re-route/Flight Overbooked/Travel Misconnection/Missed Departure / Kelewatan Bagasi/ Penangguhan Penerbangan/Perjalanan Semula/Penerbangan Terlebih Tempahan/Perjalanan Terputus/Terlepas Perlepasan

Please tick the appropriate box / Sila tandakan kotak yang berkenaan:

- Baggage Delay / Kelewatan Bagasi
 Travel Delay / Penangguhan Penerbangan
 Travel Re-route / Perjalanan Semula
 Flight Overbooked / Penerbangan Terlebih Tempahan
 Travel Misconnection / Perjalan Terputus
 Missed Departure / Terlepas Perlepasan

If baggage delay / Kalau kelewatan bagasi:

Actual flight arrival date / Tarikh ketibaan sebenar - Time / Masa :

Departure Airport/Port / Balai Perlepasan _____ Arrival Airport/Port / Balai Ketibaan _____

Date luggage returned/received / Tarikh bagasi dipulangkan/diterima - Time / Masa :

Have you been compensated by the airline/carrier? Sudahkah syarikat pengangkutan/penerbangan membayar kerugian anda? Yes / Ya No / Tidak

If yes please state the amount. / Jika ya, sila nyatakan jumlah. RM

Banking Details (Please Ensure Accuracy of Details) / Butiran Perbankan (Sila Pastikan Butiran yang Tepat Dinyatakan)

Account Name (Beneficiary Name) / Nama Account (Nama Benefisiari)			
Business Registration No./NRIC No. Pendaftaran Perniagaan/ No. KP			
Bank Name / Nama Bank			
Bank Address / Alamat Bank			
Bank Account Number / Nombor Akaun Bank			
Swift Code / Kod Swift			
Telephone No. / No. Telefon		Extension No. / No. Sambungan	
Mobile No. / No. Telefon Bimbit			
Email Address / Alamat Emel	1. 2. 3.		

Authorised Signatory
Tandatangan yang Diberikuasa
Name / Nama:
Position / Jawatan:
Date / Tarikh:

Company Chop / Cop Syarikat

Notice / Notis

1. For verification purposes, kindly attach a photocopy of the cheque book cover/top portion of the bank statement/relevant page of the bank account and any other supporting document(s) that confirms and verifies that the said account belongs to you/your company. *Untuk tujuan pengesahan, sila lampirkan salinan kulit buku cek/bahagian atas penyata bank/halaman yang berkaitan akaun bank dan dokumen sokongan lain yang mengesahkan dan menentusahkan bahawa akaun tersebut adalah kepunyaan anda/syarikat anda.*
2. For all intents and purpose where there is a conflict or ambiguity as to be the meaning in the Bahasa Malaysia provisions, it is hereby agreed that the English version shall prevail. / *Bagi setiap tujuan dan maksud sekiranya terdapat konflik atau kekaburan berkenaan makna di dalam peruntukan Bahasa Malaysia, adalah dipersetujui bahawa versi Bahasa Inggeris akan digunakan.*

Contact Us / Hubungi Kami

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