



# PACIFIC & ORIENT INSURANCE CO. BERHAD

Registration No. 197201000959 (12557-W)

11<sup>th</sup> Floor, Wisma Bumi Raya,  
No. 10, Jalan Raja Laut, 50350 Kuala Lumpur  
P.O. Box 10953, 50730 Kuala Lumpur

Website : <http://www.poi2u.com>  
SST Registration No./ No. CP.W10-1808-31021805  
Email : [protravel@pacific-orient.com](mailto:protravel@pacific-orient.com)



## CLAIM FORM

**Policy No.**

Please (1) Complete this form, (2) Prepare the relevant documents listed on page two, and (3) Mail them to our office as soon as possible.

### 1. CLAIMANT PARTICULARS

Policyholder's :  
Full Name \_\_\_\_\_

Address : \_\_\_\_\_

NRIC / Passport No.		Office/Mobile No.		Email	
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Claimant 1 - Name	
Claimant 2 - Name	
Claimant 3 - Name	
<i>*Claim will be paid to policy holder. In the event of policy holder's death, claim will be paid to policy holder's nominees (if any) or estate.</i>	

### 2. TRAVEL & LOSS DETAILS

Travel Period (DD MM YY)	From : _____ To _____	Travel Agency (If Any) :	
Date and Time of Loss/ Accident	Date : _____	Location :	
	Time : _____		

Type of Loss / Accident (Tick the applicable box)

<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Trip Curtailment	<input type="checkbox"/> Loss/Damage to Baggage, Personal Effects & Money
<input type="checkbox"/> Medical, Dental and Other Expenses	<input type="checkbox"/> Flight misconnection	<input type="checkbox"/> Others ( _____ )
<input type="checkbox"/> Baggage Delay	<input type="checkbox"/> Loss of deposit or Cancellation	
<input type="checkbox"/> Travel Delay		

Description of Loss / Accident/ Nature of Illness	Total amount claimed (MYR)
<i>*If space is insufficient, please give details in a separate paper.</i>	

Do you have other insurance covering this loss? If yes, please provide.	Insurance Company : _____
	Policy No. : _____

### 3. BANK ACCOUNT DETAILS FOR E-PAYMENT

Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.

Name (as per bank account)	Bank Name
Account No.	

### 4. DECLARATION & CUSTOMER'S DATA PRIVACY NOTICE

I/We hereby declare that the above statements and facts are true, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Pacific & Orient Insurance Co. Berhad is committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_



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### DOCUMENTS TO BE PROVIDED FOR CLAIM REGISTRATION

Pacific & Orient Insurance Co. Berhad is dedicated to making your Travel Insurance claim process as easy as possible.

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.

#### **DOCUMENTS REQUIRED** (Please tick against the documents you have submitted).

##### **ALL CLAIMS**

- Original completed travel claim form
- Proof of travel (e.g. Original boarding pass or Air tickets)
- Copy of front page of latest bank statement (top portion with bank account details)

#### **ADDITIONAL DOCUMENTS APPLICABLE BELOW :**

##### **TYPE OF LOSS / ACCIDENT**

##### **PERSONAL ACCIDENT**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical report from the attending doctor abroad | <input type="checkbox"/> Post Mortem Report |
| <input type="checkbox"/> Death Certificate                               | <input type="checkbox"/> Police Report      |

##### **MEDICAL, DENTAL AND OTHER EXPENSES**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical report from the attending doctor abroad | <input type="checkbox"/> Original receipts for additional expenses claimed for additional travel and accommodation |
| <input type="checkbox"/> All original medical invoices and receipts      | <input type="checkbox"/> Regular doctor's report on medical history if applicable                                  |
| <input type="checkbox"/> Admission/Discharge Report                      |  |

##### **BAGGAGE DELAY**

- Delayed Baggage report from the Airline
- A written confirmation/ delivery note from the Airline on the date and time of baggage delivery

##### **TRAVEL DELAY**

- A written confirmation or Report from Airline on duration of delay and reason
- Original receipts for payment of the tour if claiming

##### **TRIP CURTAILMENT**

- Medical Report
- Death Certificate & Proof of relationship (if applicable)
- Original receipts for payment of the tour or prepaid cost of transport cost and accommodation
- A written confirmation from the attending doctor abroad that it is necessary to return home -  
*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

##### **FLIGHT MISCONNECTION OR TRAVEL OVERBOOKED**

- A written confirmation from Airline confirming the overbooked or misconnected flight details and when the next alternative transportation is made available

##### **LOSS OF DEPOSIT OR TRIP CANCELLATION**

- Medical Report
- Death Certificate & Proof of relationship (if applicable)
- Original receipts for payment of the tour or prepaid cost of transport cost and accommodation
- Tour operator's booking and cancellation/refund invoices, terms & conditions

##### **LOSS/ DAMAGE TO BAGGAGE, PERSONAL EFFECTS & MONEY**

- Property Irregularity Report from Airline or damaged report issued by airlines, carrier, hotel manager, stated detail of loss or damage and their expense - *if any*
- Documentation of carrier's settlement/rejection of claim for loss of property
- Police report lodged at place of incident within 24 hours and detailing the circumstances and list of items stolen.
- Purchase receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase
- Photographs to show extent of damage and original repair invoices
- Baggage Detail: \_\_\_\_\_ Year & Price of Purchase: \_\_\_\_\_

Note : \* If your type of claim doesn't belong to any of the above, please refer to **Policy Wording** and check the list of documents required for claims assessment.

\* Further documents may be required where necessary.