



ace jerneh

ACE JERNEH INSURANCE BERHAD

(formerly known as Jerneh Insurance Berhad) (9827-A)
Claim Services Department,
Level 26 Menara Weld,
76 Jalan Raja Chulan,
50200 Kuala Lumpur,
Malaysia

1800 88 2846 Tel

03 2058 3333 Fax

www.acejerneh.com.my
travelclaims.my@acegroup.com

Travel Claim Form

IMPORTANT INFORMATION

Prior to submitting your claim please complete the relevant sections of this Claim Form.

The Policy and Claimant Details and The Medical Authority, Declaration and Power of Attorney sections must be completed for all claims.

The supporting documentation required for your claim is stated in each respective section.

Select from the relevant sections below:

- PERSONAL ACCIDENT/ COMPASSIONATE VISIT/ CHILD EDUCATION FUND / CHILD GUARD
- MEDICAL EXPENSES , DENTAL AND/OR DAILY HOSPITAL INCOME BENEFIT
- LOSS OR DAMAGE TO PERSONAL EFFECTS AND BAGGAGE/ LOSS OF PERSONAL MONEY/ LOSS OF TRAVEL DOCUMENTS
- TRAVEL INCONVENIENCE CLAIM
- TRIP CANCELLATION/ TRIP CURTAILMENT/ LOSS OF DEPOSIT
- HOME INCONVENIENCE ALLOWANCE / HOME CONTENTS BENEFIT
- LOSS OF CREDIT CARD
- PERSONAL LIABILITY
- GENERAL CLAIMS - EMERGENCY MEDICAL EVACUATION, REPATRIATION, HIJACK INCONVENIENCE, GOLF BENEFIT, PET CARE

The issuance and acceptance of this form does not constitute an admission of liability whatsoever by ACE Jerneh Insurance Berhad (formerly known as Jerneh Insurance Berhad) ("ACE Jerneh") or a waiver of its rights.

Please note that your Policy may not provide cover under all sections of this Claim Form. Please consider the benefits, terms, conditions and exclusions of your Policy prior to completing this Claim Form.

Policy and Claimant Details

Policy Holder/Insured Details:

Name of Policy Holder (Title, First Name, Last Name)

Name of Insured Person(s)

Same as Policy Holder or

Policy/Certificate Number

Claimant Details:

Name of Claimant (Title, First Name, Last Name)

Same as Policy Holder or

Identity Card Number

Date of Birth

DD/MM/YYYY

Occupation

Address 1

Address 2

Country

Post code

Telephone

Email Address

Travel Agent

Date of Booking Travel

Arrangements

Date of Departure

Home _____ Business _____ Mobile _____

DD/MM/YYYY

DD/MM/YYYY Date of Return DD/MM/YYYY

Payment Details

Please provide details for payment of your claim in the event that it is deemed covered by ACE Jerneh:

For Electronic Funds Transfer:

Account Name:

Name of Bank/Financial Institution

BSB/Branch Code Number

Account Number

For Cheque Payment:

Payee Name (will appear exactly in the cheque):

**PERSONAL ACCIDENT/ COMPASSIONATE VISIT/
CHILD EDUCATION FUND / CHILD GUARD**

Accidental Death/ Compassionate Visit/ Permanent Disablement:

What was the cause of accidental injury or death?

When did the accident or death occur?

Date DD/MM/YYYY

Time : _____

In the event of accidental death , was/will there be a coroner's inquest held? If yes, please give details

Yes No

Details: _____

Details of usual family doctor

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Doctor's Email: _____

How long had the doctor been known to the injured or deceased?

Child Education Fund

Please list the name(s), birth date(s) and learning institution of dependent child(ren)

Name:	Date of Birth:	Learning Institution
	DD/MM/YYYY	
	DD/MM/YYYY	
	DD/MM/YYYY	
	DD/MM/YYYY	

Compassionate Visit/ Hospital Visit Overseas/ Child Guard in the event of serious sickness/injury of the Insured Person

What was the sickness/injury sustained that prevented the sick/injured person from completing the proposed journey?

Date of first medical treatment?

DD/MM/YYYY

Has the sick/injured person had a similar condition in the past? If YES, please provide the following information:

Yes No

Details of usual family doctor

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Doctor's Email: _____

Please advise the details of the relative/friend who joined the sick/injured person:

If this is a Child Guard claim, please complete for one person only.

Name _____

Address _____

Relationship _____

Name _____

Address _____
Relationship _____

The following documents are required to be provided to us to process your claim:

Note: ACE Jerneh is not responsible for obtaining supporting documentation on behalf of the claimant. Failure to provide these documents may result in processing delays. Documents applicable to multiple sections only need to be uploaded once.

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Other documents:
 - a. **Accidental death** – Any document that confirms cause of death e.g. Death Certificate, Autopsy/Post Mortem Report or Coroner's depositions and findings (if applicable), Letter of Administration if no Beneficiary named if claim is approved.
 - b. **Permanent total disablement, loss of limbs, sight, speech or hearing** –Medical Specialist/ Practitioner's Statement
 - c. **Child Education Fund** –Birth Certificate and Confirmation from the learning institution on enrolment as full-time student.
 - d. **Compassionate Visit/Hospital Visit Overseas** – Original Bills and Receipts for expenses incurred and Medical Report in the event of serious sickness/injury
 - e. **Child Guard** –Medical Report and Original Bills and Receipts for expenses incurred

MEDICAL EXPENSES, DENTAL AND/OR HOSPITAL INCOME BENEFIT

Type of injury or sickness _____
Date of accident or commencement of sickness DD/MM/YYYY _____
If injury - please give full details of accident _____
Date of first medical consultation DD/MM/YYYY _____
Name of doctor or hospital _____
List details of any other treatment by doctors or hospitals _____
Dates in hospital: Date Admitted DD/MM/YYYY Time Admitted : _____
Date Discharged DD/MM/YYYY Time Discharged : _____

Have you ever suffered from the same or similar complaint in the past? Yes No
If YES, please provide details, dates and names of treating physicians/doctors:

Details of usual family doctor:
Doctor's Name: _____
Doctor's Address: _____
Doctor's Phone Number: _____
Doctor's Email Address: _____

How long has the doctor been known to the patient? _____

Itemize the expenses incurred

Name and Add of Medical Provider	Nature of Illness/Injury and Treatment	Currency	Amount

Are these expenses recoverable from any other source? Yes No
If yes, please provide details and the amount

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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, e.g. a doctor's certificate or statement, medical report
3. Any document that shows proof of cost, e.g. a doctor's original invoice or receipt
4. **Hospital Income** - Any document that shows proof of confinement to hospital

LOSS OR DAMAGE TO PERSONAL EFFECTS AND BAGGAGE/ LOSS OF PERSONAL MONEY/ LOSS OF TRAVEL DOCUMENTS

Please provide details of how the loss, damage or theft occurred:

Date of loss/damage/theft DD/MM/YYYY Time :
 Loss/damage/theft reported to: Police Airline Other authority, please state name of authority _____

Were the articles lost/damaged by a Carrier (e.g. Airline)? Yes No

If YES, name of Carrier: _____

Have you lodged a claim or complaint to any Carrier/Airline or other authority or against any individual responsible for the loss or damage to your property? Yes No

If YES give name and reference number _____

If NO, you should proceed to claim with your Carrier/Airline before submitting your claim to ACE.

If the articles were lost, what action was taken to recover them?

Are any of the missing articles compensated by other insurance or the Carrier/Airline?
 Yes No
 If YES, which Company/Airline _____
 Reference No. _____
 Amount Received MYR _____

Were all the missing articles owned by you? Yes No .

If NO, please provide details:

For ALL lost/damaged/stolen articles, complete the following:

Description of lost/damaged/stolen articles	Name and address from whom goods were purchased	Date of Purchase	Original Purchase Price	Amount Received from Other Source	Amount Claimed
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			

The following documents are required to be provided to us to process your claim:

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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
3. Any document that adequately supports the amount claimed e.g. invoices or repair quotes
4. Police Report in the event of theft

TRAVEL INCONVENIENCE CLAIM

(For additional travel and accommodation incurred during the journey)

Travel delay

Scheduled flight or other transport no. _____ Departure airport or station _____
Scheduled Departure Date and Time DD/MM/YYYY :
Actual Departure Date and Time DD/MM/YYYY :
Alternative onward flight or other transport no. _____
(if applicable)

Flight overbooked

Scheduled flight or other transport no. _____ Departure airport or station _____
Scheduled Departure Date and Time DD/MM/YYYY :
Actual Departure Date and Time DD/MM/YYYY :
Alternative onward flight or other transport no. _____
(if applicable)

Travel re-route

Scheduled flight or other transport no. _____ Departure airport or station _____
Scheduled Departure Date and Time DD/MM/YYYY :
Actual Departure Date and Time DD/MM/YYYY :
Alternative onward flight or other transport no. _____
(if applicable)

Missed Departure

Scheduled flight or other transport no. _____ Departure airport or station _____
Scheduled Departure Date and Time DD/MM/YYYY :
Actual Departure Date and Time DD/MM/YYYY :
Alternative onward flight or other transport no. _____
(if applicable)

Travel Missed connection

Incoming Flight No. _____ From Airport _____
Scheduled Arrival Date and Time DD/MM/YYYY :
Actual Arrival Date and Time DD/MM/YYYY :
Confirmed Onward Connecting Flight No. _____
Departure Airport _____ Destination _____
Scheduled Departure Date and Time DD/MM/YYYY :
Alternative Onward Flight No. _____
Actual Departure Date and Time DD/MM/YYYY :

Baggage delay (6 hours and above)

Flight No. _____ Destination _____
Departure Airport _____
Actual Arrival Date and Time DD/MM/YYYY :

When your luggage was found DD/MM/YYYY :
 Date and Time informed DD/MM/YYYY :
 Date and Time Returned/Received DD/MM/YYYY :
 Have you been compensated by the Airline/Carrier? Yes No
 If YES, Amount:

List specifically the additional TRAVEL expenses

Details	Country Incurred	Currency	Amount	Date Incurred
				DD/MM/YYYY
				DD/MM/YYYY
				DD/MM/YYYY
				DD/MM/YYYY

List specifically the additional ACCOMMODATION expenses

Details	Country Incurred	Currency	Amount	Date Incurred
				DD/MM/YYYY
				DD/MM/YYYY
				DD/MM/YYYY
				DD/MM/YYYY

The following documents are required to be provided to us to process your claim:

Note: ACE Jerneh is not responsible for obtaining supporting documentation on behalf of the claimant. Failure to provide these documents may result in processing delays. Documents applicable to multiple sections only need to be uploaded once.

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Notification from the airline or transport carrier confirming the reason for the delay/travel overbooked/rerouting of flight
3. Proof of additional expenses, e.g., original receipt/invoice

TRIP CANCELLATION/ TRIP CURTAILMENT/ LOSS OF DEPOSIT

What was the reason you could not commence or complete your proposed journey?

Was the cancellation as a result of injury/sickness to yourself? Yes No

Was the cancellation as a result of injury/sickness to some other relative or person as defined in the Policy? Yes No

If YES, Name _____ Address _____

Relationship _____ Age _____

What was the nature of complaint preventing travel?

Date of first medical treatment DD/MM/YYYY

Has the injured/sick person had a similar condition in the past? Yes No

If YES, details of patient's usual family doctor Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Doctor's Email: _____

Date of cancellation of travel bookings DD/MM/YYYY

Amount of deposit paid and date paid MYR _____ Date DD/MM/YYYY

Balance of full fare and date paid MYR _____ Date DD/MM/YYYY

Value of forfeited portion of journey (if applicable) MYR _____

Have you attempted to obtain a refund? Yes No

If YES –

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

Contact phone number _____

Email address _____

Refund received on cancellation MYR _____

Full amount being claimed MYR _____

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, what additional fares did you incur as a result of these arrangements? _____

The following documents are required to be provided to us to process your claim:

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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, curtailment, or loss of deposit e.g., a medical certificate if on medical grounds
3. Any document that adequately supports the amount claimed

HOME INCONVENIENCE ALLOWANCE / HOME CONTENTS BENEFIT

Please provide details of how losses, damages or thefts occurred:

Loss/damage/theft Date DD/MM/YYYY Time : _____
 When was the loss/damage/theft discovered? _____
 Who discovered the loss/damage/theft? _____
 Relationship? _____
 Was the loss/damage/theft reported to Police? Yes No
 If YES, to which Police station was it reported? _____
 Are any of the items covered by other insurance? Yes No
 If YES, which company _____ Policy Number _____
 Were all the missing articles owned by you? Yes No
 If NO, please provide details _____

Please list the details of all property damaged, lost or stolen:

Description of damaged/lost/stolen items	Name and address from whom goods were purchased	Date of Purchase	Original Purchase Price	Amount Received from Other Source	Amount Claimed
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			

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Note: ACE Jernih is not responsible for obtaining supporting documentation on behalf of the claimant. Failure to provide these documents may result in processing delays. Documents applicable to multiple sections only need to be uploaded once.

- Any documents that satisfy us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
- Police report

LOSS OF CREDIT CARD

Date and time you discovered the card was lost DD/MM/YYYY Time :
Please describe the circumstances surrounding the loss of your card

Date and time you discovered fraudulent transactions on your account DD/MM/YYYY Time :
In total, how much was taken from your card in unauthorised transactions? _____
Date and time you reported the lost card to the card issuer DD/MM/YYYY Time :

The following documents are required to be provided to us to process your claim:

Note: ACE Jerneh is not responsible for obtaining supporting documentation on behalf of the claimant. Failure to provide these documents may result in processing delays. Documents applicable to multiple sections only need to be uploaded once.

1. Police report.
2. Credit card statement which identifies the fraudulent transactions.
3. Any correspondence you may have received from your card issuer in relation to these fraudulent transactions

PERSONAL LIABILITY

Is the claim for bodily injury? Yes No

If YES, Name of injured party _____

Address of injured party _____

Details of injury _____

If NO, List of damaged property _____

Name of person claiming against you _____

Address of person claiming against you _____

Is the injury or damage related to a traveling companion? Yes No

Have you in any way admitted liability? _____

Do you consider yourself at fault? Yes No

If YES, why? _____

The following documents are required to be provided to us to process your claim:

Note: ACE Jerneh is not responsible for obtaining supporting documentation on behalf of the claimant. Failure to provide these documents may result in processing delays. Documents applicable to multiple sections only need to be uploaded once.

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Letters or Demands of a claim made against you

GENERAL CLAIMS

The following documents are required to be provided to us to process your claim:

Note: ACE Jerneh is not responsible for obtaining supporting documentation on behalf of the claimant. Failure to provide these documents may result in processing delays. Documents applicable to multiple sections only need to be uploaded once.

If you are claiming benefits other than those mentioned in the earlier sections, please refer to the checklist below.

EMERGENCY MEDICAL EVACUATION

In order to claim for this Benefit, ACE Assistance Network must be promptly informed and involved in the medical evacuation.

The following documents are required to process your claim:

1. Certification from the treating doctor
2. Invoice and Receipt for expenses incurred

REPATRIATION

In order to claim for this Benefit, ACE Assistance Network must be promptly informed and involved in the repatriation.

The following documents are required to process your claim:

1. Death Certificate
2. Repatriation documents from relevant authorities including Air Way Bill
3. Invoice and Receipt for expenses incurred
4. Burial or cremation documents from local authorities

HIJACK INCONVENIENCE

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Police Report
3. Report issued by the Transport Provider/Embassy/Consulate confirming that the Insured Person was a victim of hijack and the duration of such hijack

HOLE IN ONE/GOLF EQUIPMENT/UNUSED GREEN FEES

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Other documents:
 - **HOLE IN ONE** - "Hole-in-one" certificate and receipt of hospitality (hospitality expenses should be incurred at the golf club house).
 - **GOLF EQUIPMENT** - Any document that demonstrates proof of ownership, and any document that adequately supports the amount claimed e.g. invoices or repair quotes. In addition, a Police Report in the event of theft
 - **UNUSED GREEN FEES** – Any document that shows proof of illness, e.g. a doctor's certificate or statement, medical report, and evidence of the pre-paid expenses for which you are claiming e.g. receipts for green fees.

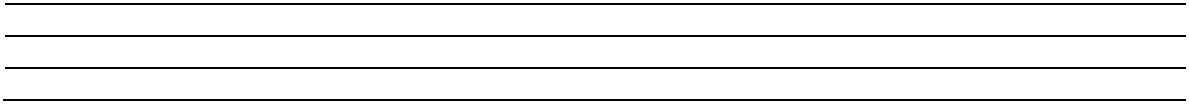
PET CARE

1. Any document that satisfies us that travel has occurred, e.g., a confirmed itinerary or travel agent invoice or boarding pass
2. Letter from airline confirming the flight delay
3. Invoice/Bill with details of charges
4. Boarding form from Pet Boarding facility.

Amount Claimed: MYR_____

Date of incident/loss: DD/MM/YYYY

Please provide a full description of the circumstances of the incident giving rise to this claim. Also include details of how the Amount Claimed was calculated.



Medical Authority, Declaration and Power of Attorney

I declare that:

I understand that by investigating my claim or by accepting proof of my claim, ACE Jerneh Insurance Berhad (*formerly known as Jerneh Insurance Berhad*) (9827-A) (ACE Jerneh) has made no acceptance of liability, or waived any of its rights in defence of any claim arising under the policy.

I consent to ACE Jerneh using and disclosing my personal information (including health information) for the purpose of assessing my claim.

In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I withdraw it by giving written notice to ACE Jerneh's Claims Officer.

I authorize any person or entity, including but not limited to the Parties referred to above, to provide to ACE Jerneh such personal information (including health information) as ACE Jerneh in its absolute discretion considers relevant for its assessment of my claim.

I confirm that any information that I supply is and will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint ACE Jerneh to do everything necessary or expedient to give effect to the transactions contemplated by the Consent and authorizations provided herein.

* Confirm your relationship to the claimant (e.g. self, guardian, parent, policy holder, agent): _____

Is there any additional information you wish to provide? Yes No
If yes - please provide further details to substantiate your claim

I have read and accept the above Medical Authority, Declaration and Power of Attorney.