LGI
a company of Hanwha

NOTIFICATION OF CLAIM - TRAVEL INSURANCE

IMPORTANT INSTRUCTIONS :

1. Please contact the assistance hotline immediately **(+6221-29279640)** in case you need emergency assistance while Travelling Failure to call may be ground for denial of the claim
2. For claims processing, all necessary documents have to be submitted. The company reserves the right to request additional document as deemed necessary.
3. Submission of required documents does not guarantee approval of your claim. The submitted documents will be reviewed and evaluated subject to limits, term and conditions of your existing Travel Policy
4. This form together with the Official Receipt/s (O.R.) must be submitted within 30 days from the expiry date of travel Policy Failure of the claimant to submit necessary documents within the given period shall be deemed an abandonment of claim

INSURED'S INFORMATION

Insured's Name :		Age :	Sex :
Address :	Policy Number :		
	Home :	Office :	
E-mail Address	Fax :	Mobile :	

CLAIMANT'S INFORMATION

Claimant's Name :		Age :	Sex :
Address :	Home :	Office :	
	Mobile :	Birthday :	
Relationship to Insured :	Email Address :		

TYPE OF LOSS

PLEASE CHECK THE PARTICULAR TYPE OF LOSS

LOSSES AND DELAYED DEPARTURE
- Delay Departure
- Baggage and Personal Effects
- Delay in the Arrival of Luggage
- Location and forwarding of Luggage and Personal Effects

PERSONAL ACCIDENT
- Accident Death and Disablement

CANCELLATION AND CURTAILMENT
- Travel Cancellation
- Reimbursement of Forfeited Holidays

OTHERS
- General Information
- Relay of Urgent Message
- Delivery of Medicine
- Aircraft Hijacking

MEDICAL & EMERGENCY EXPENSES
- Medical Expenses (International)
- Medical Expenses (Indonesia)
- Mortal Remains Repatriation
- Emergency Return Home following Death of close family member
- Transport or repatriation in case of Illness or Accident

PERSONAL LIABILITY

OFFICIAL RECEIPTS SUBMITTED

Official Receipts (O.R.) Number	Details	Amount

Name of Payees as it should appear on the Check : _____

If Payee is not the Insured, indicate relationship to the Insured : _____

TOTAL AMOUNT CLAIMED : _____ (.....)

For Processing of payment on approved claims, please indicate bank details for a Direct Credit to your nominated bank account

Bank Account Name	
Bank Complete Address	
Bank Account Number	Bank Account Type
Relationship to the Patient (if bank account is other than the Patient's) :	

Note :

1. Applicable only for claim amounts of up to _____
2. Check shall be the default mode of payment for approved amount beyond _____
3. Whenever applicable, cost of inter-branch crediting will be deducted from the approved claim amount.

LGI
a company of Hanwha

4. A processing fee of : will be deducted from your claim resulting from the incorrect information provided by the claimant

AUTHORITY, RELEASE AND DECLARATION STATEMENT

AUTHORITY : I hereby authorize LGI and its authorized representatives to request and received any information, document or record from any hospital, clinic, laboratory, attending physician and other health service provider, which information or document relates to any examination laboratory test result, medical history and/or treatment in connection with this claim, and such other matters related thereto

RELEASE & SUBROGATION : Payment received by me in relation to this claim shall constitute as full, final and complete settlement. I further agree that the Company is subrogated to my rights of recovery on all claims and rights of action to the extent of the payments made and/or on account of the losses incurred or which may be incurred by the company against any person, corporation or entity in the connection with this claim and I further agree to authorize the company to commence all legal actions and proceeding necessary to enforce my claim or recovery thereof with any undertaking to extend my corporation or assistance whenever necessary .

DECLARATION : I declare that all data/statements found herein and on all pages of this form are complete and true whether written by me of by anyone else on my behalf, shall be binding on me, and that the amounts being claimed herein are lawfully due to me under the terms and conditions of the policy.
I hereby declare that I have read and understood the privacy policy applicable at PT Lippo General Insurance Tbk and give consent to PT Lippo General Insurance Tbk to collect, store, use and process my personal data in accordance with the provisions of the applicable laws and regulations, including but not limited to the Personal Data Protection Law. I understand that my personal data will be used for the purpose of Claims Administration and/or other matters related to my Policy at PT Lippo General Insurance Tbk and I have the right to withdraw this consent at any time with written notice to PT Lippo General Insurance Tbk.

Signature over Printed Name of Patient
or of Principal Insured, if Patient is a Minor

Date

CLAIM REIMBURSMENT CHECKLIST

Basic Requirements :

- ☐ Dully-accomplished Notification of Claim (NOC)
- ☐ Request letter for reimbursement
- ☐ Original Official Receipt(s) of all payments made
- ☐ Detailed Statement of Account (itemized)
- ☐ Copy of Passport with Exit/Entry Dates

For Trip Cancellation

- ☐ Airline Itinerary / Booking
- ☐ Certification of Trip Cancellation
- ☐ Copy of Airline Ticket
- ☐ Incident Report from Client
- ☐ Medical Report / Policy Report
- ☐ Death Certificate
- ☐ Original invoices

For Medical / Hospitalization

- ☐ Original or certified copy of Medical Report with admitting medical history
- ☐ Clinical /Laboratory Result
- ☐ Copy of Operative Report
- ☐ Histopathology Report
- ☐ Copy of Registered Death Certificate (if applicable)

For Flight / Luggage Delay

- ☐ Certification From Airline
- ☐ Incident Report From Client
- ☐ Original Invoice

Other Documents Submitted :

.....
.....
.....
.....

LGI
a company of Hanwha

FOR LGI USE ONLY

Reference File Number : …… Evaluation :		**CLAIM OUTCAME** Approved Denied *Processed By :* Signature Over Printed Name *Approved by :* Signature over Printed Name