Asia Specialty Insurance Limited
Formerly known as Asia Insurance Limited (Company No: LL08800)
8th Floor, Wisma Genting, Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.
Tel: +603 2162 1128 Fax: +603 2164 1128
Email: general@asil.my Website: www.asil.my

Golden Sunshine Travel Insurance Claim Form

Policy	Policy No: _____ Date of insurance purchased: _____
Flight Details	Passenger Name Record (PNR) No.: _____ Period of travel: From _____ To _____
Insured Person	Name: _____ Age: _____ Address: _____ Postcode: _____ _____ _____ Occupation: _____ NRIC / Passport No: _____ E-mail address: _____ Tel No: _____
Accident / Incident / Loss	Date & Time of accident: _____ Place of accident / Country: _____ Please describe how accident occurred: _____ _____ _____ _____ _____ Name and address of any witness: _____ _____ _____ _____

	Nature and extent of injuries: _____ _____ _____ _____ _____ _____ Place of police report made: _____Police Report No: _____

Please tick □ in the box the type of benefits you are claiming:	**Amount Claimed (RM)**
□ **Personal Accident Benefit** □ Accidental Death – 100% □ Loss of two (2) limbs - 100% □ Loss of both hands, or of all fingers and both thumbs - 100% □ Total and irrecoverable loss of both eyes (whole eye and sight) – 100% □ Loss of One hand and one foot - 100% □ Loss of One foot and sight of one eye - 100% □ Total paralysis – 100% □ Injuries resulting in being permanently bed ridden - 100% □ Any other injury causing permanent total disablement - 100% □ Total and irrecoverable loss of eye (whole eye and sight) – 50% □ Loss of arm at shoulder – 50% □ Loss of arm between shoulder and elbow – 50% □ Loss of arm at elbow – 50% □ Loss of arm between elbow and wrist – 50% □ Loss of hand at wrist – 50% □ Loss of leg (at hip, between knee and hip and below knee) – 50%	
□ **Accident and Medical Expenses** Reimbursement expenses up to a maximum of USD 15,000 for medical expenses incurred due to accidental bodily injuries or illness during the Journey outside the Insured Person's home country for Overseas.	

Emergency Evacuation Reimbursement expenses up to a maximum of USD 25,000 for evacuation in the event that medical repatriation is necessary back to the Insured Person's home or to the nearest medical facility that is adequately equipped to treat the Insured Person's medical condition.	
Mortal Remains Repatriation Reimbursement expenses up to a maximum of USD 12,500 for repatriation expenses incurred in sending the insured's mortal remains back to the insured's residence. The process of burial, embalming, casket and ceremonies are not covered in the Repatriation coverage.	
Compassionate Visit Reimbursement up to a maximum of USD 1,500 for reasonable additional accommodation and traveling expenses limited to a round trip economy class air ticket incurred by a family member or travelling companion when required on medical advice to remain or travel with a Insured Person who has been hospitalized due to their serious medical condition. * Limit of liability for Accident and Medical Expenses, Mortal Remains Repatriation and Compassionate visit is subject to a maximum of USD 25,000	
Trip Cancellation Reimbursement up to maximum of USD 500 for cost of flight due to the hospitalization for serious illness or accidental bodily injuries or death of the Insured Person and the Insured Person's immediate family member.	
Trip Curtailment Reimbursement up to maximum of USD 250 for returning flight when the Insured Person needs to curtail the trip due to hospitalization for accidental bodily injuries or death or illness of the Insured Person and the Insured Person's immediate family member.	
Flight Delay Reimbursement up to maximum of USD 500 in the event the scheduled flight in which the Insured Person is booked to travel is delayed. USD 50 for the first 6 hours consecutive delay and additional USD 50 for every 6 hours consecutive delay	
Baggage Delay Reimbursement up to maximum of USD 100 if the Insured Person's luggage is delayed for at least six (6) hours from the actual time of arrival at scheduled destination outside the Insured Person's home country during the Journey. Not applicable to the Insured Person's return journey.	
Loss of Travel Documents Pay up to maximum of USD 250 for travel and accommodation expenses including cost of obtaining replacement passports, travel tickets and other relevant travel documents.	

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☐ **Baggage and Personal Effects**

Compensates up to maximum of USD 500 for loss or damage to the Insured Person's personal luggage and/or personal effects during the Journey, maximum limit USD 100/item.

Description	Date & Place Purchased	Original Cost	Amount Claimed

I/We hereby warrant that the above statements are true and correct and that I/We have not withheld from the Company any material information in connection with this claim. I/We further authorise the release of further medical information by the doctor should the Company require it. Any photo copied of this authorisation shall be as effective and valid as the original.

Date: _____ Signature of Insured Person or Legal representative _____

Name _____

NRIC / Passport No _____

Relationship with Insured Person, if signed by Legal Representative _____

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MEDICAL CERTICATE/REPORT

Policy No :_____
Claim :_____

Name of Patient :	
NRIC / Passport No :	
Patient's Ref No :	Date of Accident :
Age : Sex (Male /Female) :	Time of Accident :
Occupation :	Date of Consulted :
1. a. Describe in detail how did the accident happen as related to you by the patient ? b. Describe in detail what injuries did the patient sustain? Is the condition due to pregnancy ? If yes, state date pregnancy commenced.	a. b. ☐ Yes ☐ No
2. a. Were there any external and visible injures seen as a result of this accident ? b. If yes, describe the extent of the injuries including site and other characteristic features as seen by you. c. Are the injuries consistent with the circumstances of the accident? If no, are the symptoms traceable to disease, infirmity or any other cause? Please give details.	a. ☐ Yes ☐ No b. c. ☐ Yes ☐ No
3. Is there anything in his/her medical history which may have contributed directly or indirectly to the accident or which may likely to retard his/her recovery? If yes, please give details	☐ Yes ☐ No

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4. How long has the patient been disable from engaging in or attending to this usual employment or occupation as a result of these injuries or illness?	☐ Totally Disablement From _____ To _____ ☐ Partial Disablement From _____ To _____
5. Do you feel that the injuries would have prevented him/her from working from the date of accident? If yes, and absence from work of more than 2 weeks was necessary, please describe in detail the reasons why you feel that the patient could not return to work earlier keeping in mind the occupation of the patient	☐ Yes ☐ No
6. Have you any reason to suspect the patient was under the influence of intoxicants at the time of accident?	

I hereby certify that I have personally examined and treated the patient for his/her injuries described above and that the facts as stated above represent my medical opinion of his/her condition

Signature of Attending Physician : _____

Name & Address : _____
(Official Stamp)

_____

_____

Qualification : _____

Date : _____

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