

Claim documentation for Travel Insurance Claim

Please submit the completed claim form together with below required documents for relevant section(s) to us. We may request for more information or additional documents for claim assessment.

For All Claim Sections	
<ul style="list-style-type: none">Travel booking confirmation and Itinerary, Boarding pass, Passport stampCopy of your Identity Card/ Passport	
Please submit the below documents for Relevant Claim Section(s)	
Nature of Claim	Documents Required
Accidental Death / Permanent Disablement	<ul style="list-style-type: none">Death Certificate, Autopsy Report, Toxicological Report, Police ReportDetailed Medical Report with the extent of Permanent Disability sufferedMedical Certificate
Medical Expenses / Overseas Hospital Cash	<ul style="list-style-type: none">Final Medical Bill and Payment ReceiptMedical Report and Hospital Discharge SummaryFinal Hospital Bill stating Room & Board charges (For Hospitalization Claim)
Personal Baggage/ Personal Money/ Document Loss	<ul style="list-style-type: none">Loss or Damage Report issued by police, airline, hotel or relevant authoritiesPurchase or Payment Receipt of the Damaged or Lost itemsPhotos showing the extent of Damaged itemsRepair quotation and Original Receipt for the repair of Damaged itemsReplacement receipts for the Lost Travel DocumentsPayment Receipt of the additional travel and hotel accommodation expenses (if applicable)
Travel Delay/ Travel Misconnection/ Flight Overbooked/ Flight Diversion	<ul style="list-style-type: none">Documentation indicating the reason(s) for the delay and number of hours of delay (e.g. confirmation from the airline/common carrier)
Baggage Delay	<ul style="list-style-type: none">Documentation indicating the number of hours of baggage delay (e.g. confirmation from airline/common carrier).Original Receipt(s) for emergency purchase of essential replacement items of clothing and toiletries

Nature of Claim	Documents Required
Trip Cancellation/ Trip Curtailment/ Travel Postponement/ Unused Entertainment Ticket	<ul style="list-style-type: none"> • Proof of Cancellation and Compensation of Loss must be sought from the relevant authorities PRIOR to Starr • Documentation issued by travel agent, hotel or common carrier confirming the Non-refundable/ refunded amount • Receipt(s) showing any pre-paid costs/deposits made and additional travel tickets/accommodation fees incurred • Medical Certificate indicating Date of Symptoms <u>and</u> Diagnosis of the Insured Person/Immediate Family Member/Travel Companion to be in life threatening condition <u>and</u> unfit for travel • Copy of Death Certificate (if applicable) • Proof of Relationship to the Insured e.g. birth certificate, marriage certificate (if applicable) • All Other Supporting Documents or Photos
Personal Liability	<ul style="list-style-type: none"> • Do not commit any legal liability without Starr's written approval • Any claim, correspondence, summons or relevant documents in relation to the incident must be forwarded to Starr • Police report or Incident report issued by the relevant authority • All Other Supporting Documents or Photos
Rental Vehicle Excess	<ul style="list-style-type: none"> • Police Report • Copy of the Motor Insurance Policy for the Damaged rental vehicle • Copy of Rental Agreement for the Rental Vehicle • Payment Receipt for the Rental Vehicle's Policy Excess • All Other Supporting Documents or Photos
COVID Extension for (if applicable) Medical Expenses/ Travel Delay/ Trip Cancellation	<ul style="list-style-type: none"> • Vaccination proofs (2 doses) • ART / PCR test to confirm diagnosis of COVID-19 • Medical Certificate indicating Date of Symptoms <u>and</u> Diagnosis

MEDICAL REPORT (TO BE COMPLETED BY ATTENDING PHYSICIANS)																										
Name of patient		Diagnosis																								
Date of first consultation		Date of occurrence of injury or first symptom																								
To the best of your knowledge, has the patient ever had the same or similar condition(s) or symptom(s)? If yes, please state the dates and conditions/symptom.																										
Was the condition caused by any underlying disease? If yes, please specify.																										
Will the current condition(s) or symptom(s) result in any permanent disability? If yes, please advise detail.																										
If the current condition or symptom relates to burn injury, please advise (a) degree of burnt and (b) estimated % of burnt body surface.																										
Is the diagnosis due to or associated with any of the following? <table border="0" style="width: 100%;"> <tr> <td>(a) Congenital anomalies</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(b) Refractive error or correction of eyesight</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(c) Heredity condition</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(d) Cosmetic or plastic surgery</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(e) Pregnancy or childbirth</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(f) Routine medical check-up</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(g) Drugs or alcohol</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(h) Mental or nervous disorders</td> <td>Yes</td> <td>No</td> </tr> </table>			(a) Congenital anomalies	Yes	No	(b) Refractive error or correction of eyesight	Yes	No	(c) Heredity condition	Yes	No	(d) Cosmetic or plastic surgery	Yes	No	(e) Pregnancy or childbirth	Yes	No	(f) Routine medical check-up	Yes	No	(g) Drugs or alcohol	Yes	No	(h) Mental or nervous disorders	Yes	No
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Date and details of operation, if applicable																										
Discharge summary (including investigation procedures, result, diagnosis, treatments, complications and follow-up plan)																										
Name of hospital	Date of admission	Date of discharge																								
Address of hospital/clinic																										
Phone number of hospital/clinic	Date of medical report																									
Name of attending physician/specialist	Signature and stamp of attending physician/specialist	Date																								

STARR
COMPANIES

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