

Section 6: Medical expenses and repatriation

Did the claimant return to their home address on the intended date? Yes No
 If 'No', when did they return (dd/mm/yyyy)? _____
 Who accompanied the claimant? _____
 Did the claimant call the 24-hour International Helpline? Yes No
 What symptoms did the claimant have which needed treatment? _____
 Confirm the medical condition or diagnosis if known: _____

Section 7: Loss of deposits, cancellation and curtailment

Date holiday booked (dd/mm/yyyy): _____
 Please attach original booking invoice and conditions/cancellation invoice.
 Date of scheduled departure (dd/mm/yyyy): _____ Time of scheduled departure: _____
 Date of cancellation or curtailment (dd/mm/yyyy): _____
 Reason for cancellation or curtailment: _____
 Please attach original cancellation notice if applicable. If caused by illness, injury or death, Section 6 needs to be completed or attach relevant medical report/copy of death certificate.
If the sick or injured person is someone other than the claimant, provide the following information:
 Name: _____
 Relationship to the claimant: _____
 Address: _____

Type of expenses claimed:	Invoice amount (including currency):
	Total:

Section 8: Travel delay/hijack

Length of delay/hijack, specify how many hours: _____ Date(s) (dd/mm/yyyy): _____
 Departure point: _____ Flight number if relevant: _____
 Public transport carrier: _____
 Cause of delay: _____

Evidence (Irregularity Report) must be supplied by the provider of the public transport service to confirm the length and cause of the delay.

Section 9: Missed departure

Reason for missed departure: _____
 Detail the expenses incurred: _____

Type of expenses claimed:	Invoice amount (including currency):
	Total:

Attach original receipts and provide evidence to support the reason you missed your departure.

Section 10: Loss/damage of money/delayed luggage

Date of loss (dd/mm/yyyy): _____ Time of loss: _____

Place of loss: _____

Circumstances in which loss or damage occurred: _____

Where and to whom did the loss or damage occur: _____

Please attach the original Irregularity Report or Police Report and complete the following information:

Contact name: _____

Address: _____

Date loss reported (dd/mm/yyyy): _____

Name of household contents insurer and policy number: _____

Address of household contents insurer: _____

Give details of items lost/replaced. Continue on a separate sheet if needed. You must attach the original receipts with your claim.

Item:	Date of purchase (dd/mm/yyyy):	Place of purchase:	Method of payment:	Owner's initials:	Amount (including currency):
					Total:

Give details of money lost or stolen:

Description (e.g. cash, traveller's cheques, etc.):	Value taken on trip:	Amount lost (including currency):
		Total:

Section 11: Loss of passport/travel documents**Give details of and reasons for expenses incurred and attach original receipts.**

Type of expenses claimed:	Value taken on trip:	Amount (including currency):
		Total:

Checklist

- By post/Fax - Have you included:

- A fully completed Claim form with signed and dated declarations
- Original itemised invoices

Photocopies, receipts and credit card statements are not acceptable. We are unable to return original documents but we are happy to provide certified copies on request.

- An original Irregularity Report from the airline and/or Police Report if you are claiming under sections 8-11?

- By email:

- Have you followed the scanned claims acceptance criteria and included any documents as required?

You will find the criteria for accepting scanned claims in your Claims procedures.

Where to send your claim

Send us your claim in one of the ways listed below:

- By email to: AsiaPacServices@aetna.com
- By fax to: +852-2866-2555
- By post to: Aetna Global Benefits (Asia Pacific) Limited, Suite 401 – 403, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

We know you may have questions and we're always here to help. You can call us any time on:

Phone: 3017-4294 (Free from Hong Kong)
+852-3017-4294 (Collect or Direct)

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.AetnaInternational.com.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policies issued outside of mainland China, Hong Kong, Singapore, Thailand, Vietnam, Malaysia, Philippines and Indonesia but within Asia Pacific are issued by Aetna Insurance Company Limited (Singapore Branch), Company Registration No. T08FC7304L or by Aetna Insurance (Hong Kong) Limited or by Aetna Life & Casualty (Bermuda) Ltd. administered by Aetna Global Benefits (Asia Pacific) Limited, registered address Suite 401-403, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong, HKFI Insurance Agency Registration No. 02905813.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

Please read carefully the disclaimers at the end of the form.
Please retain a copy for your records.