

Claim Form for Travel Treatment Reimbursements

How to complete this form

One form must be completed for each claimant, for each travel claim. Please complete clearly in BLOCK CAPITALS.

Sections 1 to 12 must be completed in full by the claimant or the main member/spouse on their behalf, if the claimant is a dependant under the age of 18.

For information on how to contact us please refer to the 'Where to send your claim' section on page 6

Section 1: Claimant details (for whom the claim is for)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other: _____
Family name (surname): _____	First name(s): _____
Date of birth (dd/mm/yyyy): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Member ID ¹ : _____	Plan number: _____
Plan sponsor: _____	

Section 2: Main member/spouse details (if completing the form on behalf of the claimant)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other: _____
Family name (surname): _____	First name(s): _____
Date of birth (dd/mm/yyyy): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Member ID ¹ : _____	Plan number: _____
Plan Sponsor (if applicable): _____	
Trip start date (dd/mm/yyyy): _____	Trip end date (dd/mm/yyyy): _____

¹ as shown on your Member ID Card.

Section 3: Contact details for this claim

Correspondence address: _____																																
Town: _____	Postcode: _____ Country: _____																															
Email <table border="1" style="display: inline-table; width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																
Daytime phone: _____	Evening phone: _____																															
If you are sending this claim to us through your Broker or Plan Sponsor, and you wish for your claims statement (EOB) to be sent directly to them, please tick the box applicable to you. Broker <input type="checkbox"/> Plan Sponsor <input type="checkbox"/>																																

Section 4: Claim summary

Confirm what this claim is for: _____

Section 5: Declaration – the Declaration must be signed by the claimant or the main member/spouse if the claimant is a dependant under the age of 18

I declare that, to the best of my knowledge, all the information provided on this Claim form is truthful and correct. I understand that Aetna will rely on the information provided as such. I agree and accept that this declaration gives Aetna, and its appointed representatives, the right to request past, present, and future medical information in relation to this claim, or any other claim related to the member/covered individual, from any third party, including providers and medical practitioners. I declare and agree that personal information may be collected, held, disclosed, or transferred (worldwide) to any organisation within the Aetna group, its suppliers, providers and any affiliates.	
Claimant/main member's/spouse's name & signature: _____	Date (dd/mm/yyyy) _____

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 invoicesPhotocopies, receipts and credit card statements are not acceptable. We are unable to return original documents, but 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 post to: Aetna Global Benefits Limited (Singapore Branch), 80 Robinson Road, #23-02/03, Singapore 068898

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

Phone: 1-800-723-1241 (Free from Singapore)
+65-6701-6912 (Collect or Direct)

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Please retain a copy for your records.