

Baggage Delay & On-Time Guarantee Protection Travel Claim Form

The acceptance of this Form is NOT an admission of liability on the part of HL Assurance Pte. Ltd.

PARTICULARS OF POLICYHOLDER / CLAIMANT		
Name & Address of Policyholder	PNR or Insurance Certificate No.:	
	Identity/Passport No.	Contact No.
	Date of Birth	Email Address
	Nationality	
Name & Address of Insured Person / Claimant (if different from Policyholder)	Identity/Passport No.	Contact No.
	Date of Birth	Email Address
	Nationality	Relationship to Policyholder
	Date of Birth	
PARTICULARS OF CLAIM		
Please submit the following documents: 1) Completed claim form 2) Proof of travel (flight itinerary or boarding pass) 3) A letter of verification from AirAsia on the date and time of baggage return and/or flight delay. You may request for this letter at https://support.airasia.com/s/customcontactsupport?language=en_GB		
I am claiming for <input type="checkbox"/> Baggage Delay <input type="checkbox"/> 1 Hour On-time Guarantee City of arrival _____ City of departure _____ Arrival date and time _____ City arrival _____ City of collection _____ Scheduled departure date and time _____ Collection date and time _____ Actual departure date and time _____		
BANK ACCOUNT DETAILS		
Name of Account Holder (as per bank account)	Bank Code	
Bank Name	Branch Code	
Bank Account No.	Swift Code	
Complete Bank Address		
* Important Notice: HL Assurance shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing with an inaccurate bank account number under this section for the payment of this claim.		

*I/We do solemnly and sincerely declare that the information given is true and correct to the best of my/our knowledge and belief. *I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the Policy void and we shall forfeit our rights to claim under the Policy.

PERSONAL DATA

In addition to the declaration and authorisation provided above, I/we agree and consent to the Company, its related corporations (collectively, the "Companies"), as well as their respective representatives and agents collecting, using, disclosing and sharing amongst themselves my/our personal data, and disclosing such personal data to the Companies' authorised service providers and relevant third parties for purposes reasonably required by the Companies to evaluate, admit, process and/or administer my/our claims.

These purposes are set out in HL Assurance Pte Ltd Privacy Statement, which is assessable at: <https://www.hlas.com.sg/PolicyOnPersonalData.aspx> and which I/we confirm I/we have read and understood.

Signature of Policyholder / Claimant

Date Signed

