



**Travel Claim Form**  
**(Goodwill Benefits – Jetstar Flight Disruption)**

**Important Notice**

1. The Policyholder and/or the claimant must truthfully declare the information and particulars to the best of your / their knowledge and belief.
2. The acceptance of this form is not in itself an admission of liability on the part of the Company.
3. If the claim is found to be fraudulent, or if any fraudulent means or devices are used to obtain any benefit under this policy, the policy will be rendered void.
4. Any documentary proof or report required by us shall be furnished at the expense of the Policyholder or Claimant.
5. To avoid delay in processing your claim, please send your completed form, together with the supporting documents by 14 September 2025, 11:59pm.

**SECTION A: Policyholder's Details**

Policyholder's Full Name		Policy Number	
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**SECTION B: Claimant/Insured Person's Details**

Claimant/Insured Person's Full Name		Claimant /Insured Person's NRIC/FIN No.	
Email		Mobile No.	
Total Claim Amount		Travel Agency Company Name (If applicable)	

**SECTION C: Travel and Claims Details**

1. Travel Period	From DD / MM / YYYY To DD / MM / YYYY
2. Type of Benefit (Please tick only one)	<div><input type="checkbox"/> <b>Reimbursement on air fare</b> (Applicable for impacted flights departing or returning after 31/07/2025) Supporting documents required for claims assessment: 1. Invoice/receipts on Jetstar booking. 2. Refund statement from Jetstar. 3. Invoice/receipts on alternative air ticket. 4. Boarding pass for alternative air ticket. Note: If the alternative ticket is upgraded from economy to higher class, please provide additional proof that you have exhausted all options before upgrading in order to maintain the same travel date.</div> <div><input type="checkbox"/> <b>Reimbursement on non-refundable prepaid expenses during the trip</b> (Applicable for impacted flights departing or returning after 31/07/2025) Supporting documents required for claims assessment: 1. Invoice/receipts on Jetstar booking. 2. Refund statement from Jetstar. 3. All prepaid booking receipts/invoices made before 11 June 2025. 4. Letter from service providers on no refund/partial refund.</div> <div><input type="checkbox"/> <b>Travel Delay</b> (Applicable for impacted flights departing or returning on or before 31/07/2025) Supporting documents required for claims assessment: 1. A copy of flight itinerary indicating the original flight details. 2. A written confirmation or report from airline on duration and reason of diversion or delay.</div>

3. Are you entitled for compensation/refund from other party/service provider in respect of this event (e.g. Jetstar Airways, hotel, etc)? ☐ Yes ☐ No  
If Yes, please provide the following details:

Name of other party/ service provider	Description of service	Deposit/Payment amount made by you	Compensation/refund amount paid to you



If No, please provide evidence of denied compensation/refund from the other party/service provider, or state reason:

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4. Have you made a claim against any other insurance policy in respect of this event? ☐ Yes ☐ No

If Yes, please provide the following details:

Name of the insurance company	Policy number	Claim amount

5. If you are claiming the Travel Delay benefit, please provide the following details:

	Original Schedule	Actual Schedule
Flight number		
Departure date and time	DD / MM / YYYY HH:MM AM/PM	DD / MM / YYYY HH:MM AM/PM
Departure destination		
Arrival destination		

### Claims Payout Instruction

☐ PayNow is the default payment mode

I hereby confirm that I am registered with PayNow and have linked my Singapore NRIC/FIN to my bank account (the 'PayNow Account'), of which I am the legal and beneficial owner. I hereby authorise and instruct the Company to deposit any payments due to me into my PayNow Account and, where necessary, to verify my PayNow Account details with the relevant bank.

### Declaration and Authorisation

- [Declaration] I/We declare that the information given in this form is true and correct to the best of my knowledge and belief.
- [Authorization] I/We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to Etiqa Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.
- [Customer's Data Privacy Consent] I/We further declared that the information written in this claim form or held by Etiqa Insurance Pte Ltd whether contained in my/our insurance application or otherwise obtained may be used and disclosed to your authorised staff, associated individuals and/or companies or any independent third parties (within or outside Singapore) who will provide claims administrative, advice and/or information or claims services in relation to my/our claim. I/We understand my/our data that may also be used for audit, business analysis and reinsurance purposes. My/Our signature below will signify this consent.
- [Direct Credit] I/We confirm that there had not been any change to my tax residency status or any circumstances which affects my/our tax residency status and undertake to provide Etiqa with a suitably updated self-certification and documentation otherwise.
- [Direct Credit] Confirm that the payment information provided by me/us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
- [Direct Credit] Notwithstanding the above, Etiqa Insurance Pte Ltd reserves the right to release payment to me/us by an alternative payment method if we are unable to payout the claim by PayNow linked to NRIC.

\_\_\_\_\_  
Date

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Signature of Policyholder / Insured Person