

Income Travel Claim Submission Procedure

Step 1 - Complete the claim form and refer to the claim matrix for supporting documents required.
Step 2 - Get the authorised personnel to endorse on the claim form before you submit the claim.



Email the completed claim form with the relevant supporting documents to plineclaims@income.com.sg to file your claim.

The total size of your email attachment(s) must not exceed 30MB. If it exceeds 30MB, please separate them, indicate your Travel policy number in the subject matter and label the emails as Part 1, Part 2, etc before sending to us.

You should keep the above original claim documents and need not send them to us.

Note : Income reserves the right to request for the original claim documents within one month from date of submission for audit purpose.



You will receive an acknowledgement of your claim submission via SMS or email within 2 working days after your claim is received by Income.



If your claim document is complete, your claim will be assessed and you will be advised of the outcome within 10 working days. If your claim document is not complete, you will be informed as well, within 10 working days, to send in the missing document/additional information.



If you have any query on claim matters, you can call Income's hotline at 6734 3353 or email to govclaim@income.com.sg for assistance.

Income Travel Insurance - Claim Matrix

Benefit Claims Supporting Documents	Personal Accident Accidental Death	Personal Accident Permanent Disablement	Medical Expenses (Overseas & Singapore)	Trip Disruption	Compassionate Visit	Hospital Visitation	Cancelling the insured person's trip	Shortening the insured person's trip	Loss or damage of baggage and personal belongings	Losing travel documents	Losing money including credit card fraud	Baggage Delay	Travel Delay/Missed Connections/ Flight diversion or deviation	Overbooked flight	Kidnap and Hostage	Emergency Phone Charges	Personal Liability
Airticket/boarding pass/passport stamp showing date of travel	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Travel itinerary	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Death certificate	YES	-	-	-	YES	-	YES	YES	-	-	-	-	-	-	-	-	-
Autopsy/post mortem report	YES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Police report	YES	YES	YES	-	-	-	-	-	YES	YES	YES	-	-	-	YES	-	-
Medical report (if any)	YES	YES	YES	-	-	YES	YES	YES	-	-	-	-	-	-	-	-	-
Medical receipts	-	-	YES	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospital discharge summary	YES	YES	YES	YES	YES	YES	YES	YES	-	-	-	-	-	-	-	-	-
Receipt for transport and accommodation expenses	-	-	-	YES	YES	YES	YES	YES	-	YES	-	-	-	-	-	-	-
Property irregularity report/hotel management report	-	-	-	-	-	-	-	-	YES	YES	YES	YES	-	-	-	-	-
Original purchase receipts/credit card statement/warranty card	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Repair receipts and diagnostic report	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Photographs of damaged items	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Letter of compensation from airlines or hotel	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-	-
Receipts for passport replacement, passport photograph or travel documents	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-	-	-
Acknowledgement slip for baggage delay	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-	-	-
Letter from transport operator to state the cause and length of delay	-	-	-	-	-	-	-	-	-	-	-	YES	YES	-	-	-	-
Letter from transport operator to confirm the overbooked flight	-	-	-	-	-	-	-	-	-	-	-	-	-	YES	-	-	-
Medical report to show insured is unfit to travel	-	-	-	YES	-	-	YES	YES	-	-	-	-	-	-	-	-	-
Receipt from travel agency and statement of refund documents	-	-	-	-	-	-	YES	YES	-	-	-	-	-	-	-	-	-
Marriage certificate/birth certificate	YES	-	-	-	-	-	YES	YES	-	-	-	-	-	-	-	-	-
Telephone bills incurred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	YES	-
3rd party claim correspondences	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	YES
Evidence on insolvency of travel agency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

**Income Travel Insurance - Claim Matrix
(COVID-19 Benefits for Section 6a to 6g only)**

Eligibility for the COVID-19 benefits:

The insured person must fulfil all vaccination, pre-departure tests and post-arrival tests requirements (if any) imposed by the destination country or transport operator at the time their business trip is booked. The insured person need not submit the test result or proof of vaccination to us at the time this policy is purchased but must be submitted with a COVID-19 benefits claim.

Benefit Claims Supporting Documents	Cancelling the insured person's trip due to COVID-19	Postponing the insured person's trip due to COVID-19 Permanent Disablement	Shortening the insured person's trip due to COVID-19 (Overseas & Singapore)	Trip disruption due to COVID-19	Medical expenses overseas due to COVID-19	Emergency medical evacuation due to COVID-19	Sending the insured person home due to COVID-19	Overseas quarantine allowance due to COVID-19
Proof of vaccination	YES	YES	YES	YES	YES	YES	YES	YES
Airticket/boarding pass/ passport stamp showing date of travel	YES	YES	YES	YES	YES	YES	YES	YES
Travel itinerary	YES	YES	YES	YES	YES	YES	YES	YES
Death certificate	YES	YES	YES	-	-	-	YES	-
Medical report/certificate confirming diagnosis of Covid-19	YES	YES	YES	YES	YES	YES	YES	YES
Medical receipts	-	-	-	-	YES	-	-	-
Hospital discharge summary	YES	YES	YES	YES	YES	YES	-	-
Receipt for transport and accommodation expenses	YES	YES	YES	YES	-	-	-	-
Receipt from travel agency and statement of refund documents	YES	YES	YES	YES	-	-	-	-
Marriage certificate/birth certificate	YES	YES	YES	-	-	-	-	-
Written confirmation from the local authorities stating Insured needs to be quarantined, details of quarantine facility and the period of quarantined	-	-	-	-	-	-	-	YES

Travel insurance claim form

Important notice

- If we accept this form, it does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your completed claim form, together with the supporting documents, within 60 days from the date of the event.
- Please do not leave any field blank. Write 'none' or 'NA' where relevant.

Policy number:	
Claim number: (For official use)	

Details of policyholder/public agency

Product name and plan (Tick where applicable) <input type="checkbox"/> Individual Plan <input type="checkbox"/> Student Plan <input type="checkbox"/> Secondment/Global Posting Plan			
Name of policyholder/public agency		Name of contact person	
Mailing address		Designation	Department
Contact number (Office)	(Handphone)	(Fax)	Email

Personal details of employee/student

Name of employee/student	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)
Home address			
Contact number (Office)	(Home)	(Handphone)	Email

Personal details of dependant (to complete when claim is for employee's dependant)

Name of dependant	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number
Relationship to employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others (Please specify) _____		

Payee's details

Settlement to be made to: <input type="checkbox"/> Policyholder/public agency <input type="checkbox"/> Employee/student <input type="checkbox"/> Others (Please provide relationship with claimant) _____		
Please select the mode of payment below:		
<input type="checkbox"/> Direct Transfer to Bank (Please provide supporting documents such as bank statement for verification of payee details.)		
Full name (as shown in the bank account)	NRIC, FIN or passport number (as shown in the bank account)	Nationality
Name of bank	Bank account number	
<input type="checkbox"/> For payment by PayNow (registered with NRIC No. only)		

Travel details

Date of departure from Singapore (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Date of return to Singapore (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Purpose of travel <input type="checkbox"/> Business/Conference <input type="checkbox"/> Home Leave <input type="checkbox"/> Leisure <input type="checkbox"/> Others (Please specify) _____			
Which country or city did the incident, injury or illness happen in?	Date of event (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	
Description of incident, injury or illness			
Are there any other insurance policies covering you for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give the name of the insurer, policy number and amount you can recover.			

Main benefits

Personal accident and medical benefits & services

Please tick the types of claim you are sending us and the documents you are attaching for this claim. We may ask for more documents to assess the claim.

1 **Personal accident** **Medical benefits & services**

Supporting documents attached:

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Final hospital or medical or ambulance bills and receipts
- Medical report or inpatient discharge summary (stating clearly the start date, cause, extent of permanent disability (if this applies) and nature of injury or illness)
- Police or accident report (accident claim only)
- A copy of the reimbursement letter or discharge voucher from the insurer or employer (if there is a previous refund from another insurer or employer)
- Death certificate or autopsy report or toxicological report or coroner's findings (death claim only)
- Proof of policyholder's or person claiming's relationship with the person who has died (death claim only)

Policyholder or person claiming	Documents needed
Husband or wife	Marriage certificate
Parent	Birth certificate of person who died
Child	Birth certificate of policyholder or person claiming
Brother or sister	Birth certificate of person who has died and policyholder or person claiming

a. Nature and extent of injury or illness

b. Has your treatment been completed? Yes No
 If No, please say when treatment is expected to be completed.

c. Amount you want to claim

d. Have you ever suffered from or been recommended to receive treatment for this injury, illness or a similar condition before? Yes No
 If Yes, please give details.

Dates (dd/mm/yyyy) of consultations _____ Name and address of doctor consulted _____

Optional benefits

Travel inconveniences

2 **Cancelling your trip** **Shortening your trip** **Trip disruption**

Supporting documents attached:

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and arrival to Singapore
- Tour itinerary and tour booking invoice or receipt
- Transport and/or accommodation provider's confirmation on the cost of non-refundable prepaid travelling expenses (including cancellation fees)
- Receipt for additional transport and accommodation incurred
- Written advice or medical certificate from a qualified attending doctor confirming that you were unfit to travel (for cases of serious injury or illness)
- Death certificate (where someone's death caused this cancellation)
- Proof of insured's relationship with the person who is sick or who died

Insured	Documents needed
Husband or wife	Marriage certificate
Parent/brothers or sisters	Birth certificate of person who is sick or who died
Child	Birth certificate of insured

a. Trip booking date (dd/mm/yyyy) b. Intended departure/return date (dd/mm/yyyy) c. Date of cancelling or shortening your trip (dd/mm/yyyy)

d. What caused the trip to be cancelled or shortened?

e. Total amount paid by you f. Total refund paid to you g. Amount you want to claim

3 **Travel delay** **Overbooked public transport** **Missed connections** **Flight diversion/deviation** **Baggage delay**

Supporting documents attached:

- Scheduled and revised flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Airline or their handling agent's confirmation on the cause and length of the travel or baggage delay or overbooked public transport or missed connections
- Delay report and acknowledgement slip (baggage delay claim)

Travel delay /Overbooked public transport or Missed connections		
Original flight number	Original departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Actual flight number	Actual departure date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Cause of delay, overbooked public transport/missed connections		Length of delay

Flight Diversion/Deviation	
Original arrival date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Actual arrival date (dd/mm/yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Cause of flight diversion/deviation	Length of delay in arrival time

Baggage delay		
Flight number	Flight arrival date (dd/mm/yyyy)	Flight arrival time <input type="checkbox"/> am <input type="checkbox"/> pm
Baggage collection date (dd/mm/yyyy)	Place of baggage collection	Baggage collection time <input type="checkbox"/> am <input type="checkbox"/> pm

4 Loss or damage of baggage & personal belongings Losing money Losing travel documents

Supporting documents attached:

- Flight itinerary, boarding pass or passport stamp which shows the date of departure and return to Singapore
- Police report of the lost item (or items)
- Baggage loss or damage report filed with relevant authorities or service providers
- Confirmation letter from airlines or travel agent or operator of amount paid as compensation for loss
- Photographs of damaged item (or items)
- Copy of diagnostic report from repairer stating the cause and extent of damage
- Original repair bill or quotation of repair for damaged item (or items) or original purchase receipt or credit card statement and warranty card of lost or damaged item (or items)
- Original invoice for transport and accommodation incurred to apply to replace the lost passport or travel documents
- Original invoice for replacement passport/passport photograph/travel documents

a. Has this loss or damage been reported to the police or authorities? Yes No
If No, please say why.

b. Did you receive any compensation from the service provider? (eg. Airline) Yes No
If yes, please provide details on the compensation or cash settlement amount received: _____
If no, please provide evidence of denial compensation from the service provider.

c. Can the damaged item (or items) be repaired? Yes No
If no, please provide a copy of the diagnostic report to confirm damaged item (or items) beyond repair.

Description of damaged or lost item (or items)	Original purchase price	Date of purchase	Receipt (Yes/No)	Amount you want to claim

Other benefits

Please indicate the benefit you are claiming for, provide details of the claim in the space provided below and attach supporting documents.

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/ or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/ or customise their products/ services and/ or to provide you with their respective products /services, and in the manner and for other purposes described in Income’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Declaration and authorisation

I/We cannot alter any of the wordings in this claim form. Any attempt to do so will have no effect.

I/We declare that the answers given in this form are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf. I/We have not withheld any information. If it is discovered later that the insured suffers from a medical condition that is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income.

I/We confirm that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the "Personal Data Use Statement" (PDUS) above. I/We further confirm on the representation and warranty made in the PDUS.

If this claim is submitted under a group policy,

- a. I, the insured, consent to (1) the group policyholder disclosing to Income; and (2) Income disclosing to the group policyholder, my personal data (including claims information and outcome) for the purposes of claims administration;
- b. We, the group policyholder represent and warrant that we have obtained the consent from the insured (1) to disclose to Income the insured's personal data (including claims information and outcome); (2) for Income to disclose the insured's personal data including all claims information and outcome to the group policyholder to facilitate the administration of the claims that we have submitted in this form, where necessary.

For the purpose of administering and processing my/our claim, I/we authorise, consent and agree to:

- a. The medical source, insurance office, reinsurer, organisation to release to Income any medical or relevant information to do with me/us or the insured;
- b. Income and its relevant third parties stated in Income's Privacy Policy to collect from, use and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me/us or the insured; and
- c. Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to assess this claim.

I/We confirm that all copies of the claim documents that I/we have submitted to Income are copies of the original documents and I/we agree to retain all original documents for a period of 6 months from claim submission date for Income to verify its authenticity.

I am/We are aware that Income may reject any claim if any copy submitted is not a copy of the original document and may recover any payment made to me/us.

I/We confirm that I/we have paid in full all the bill(s)/invoice(s) that I/we have submitted to Income for reimbursement and I/we have not made nor will I/we make any claim against any other source for the same bill(s)/invoice(s).

If I/we have made a claim from other source, a. I/we agree that I/we will provide a copy of any document requested by Income of the payment received by me/us; b. I am/we are aware that Income will not reimburse me/us if I/we have been fully reimbursed by such source; c. I am/we are aware that Income may only reimburse me/us up to the remaining balance of the unpaid bill/invoice I/we have been partially reimbursed by such source; d. I/we undertake to refund on demand any payment made by Income to me/us which exceeds what I/we have incurred in total.

I/We understand that I/we must give Income all documents, authorisations or information required by Income to assess the claim. If I/we fail to cooperate with Income in administering and processing the claim, I am/we are aware that the assessment of the claim may be delayed or Income may reject the claim.

I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g. via pdf) of an original signature.

Name of policyholder/public agency: _____

Name of employee/student: _____

Signature: _____

Signature: _____

Designation: _____

Date (dd/mm/yyyy) : _____

Company stamp: _____

Date (dd/mm/yyyy) : _____

Claim submission instruction

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