

## CLAIMS GUIDE FOR LOOLA TRAVEL INSURANCE

For Emergency Assistance in the event of an accident  
contact the 24-hour Emergency Hotline Tel: **(65) 6735 2221**  
and refer to the Travel Insurance Policy of **Loola Adventure Resorts**.

To ensure prompt processing of your claim, it is important that you submit a completed Claim Form, Original Boarding Pass or photocopy of passport showing the date of travel together with all relevant documents to:

**AIG Asia Pacific Insurance Pte Ltd**  
AIG Travel Claims Unit  
AIG Building  
78 Shenton Way #07-16  
Singapore 079120

Or

**ARF (Asia Pacific) Pte Ltd**  
7 Maxwell Road #01-100  
Annexe B MND Complex  
Singapore 069111  
Benefits Division – Travel Claims

### IMPORTANT NOTES FOR CLAIMANT

- Loola's Travel Insurance Claim Form is to be completed by the Claimant, except where the Claimant is a minor. In such instances the form should be completed by the minor's legal guardian.
- Part C Authorization and Declaration Section of Claim Form must be duly signed/have thumbprint affixed by the Claimant or the Claimant's legal guardian.
- Your claim will not be processed if Part C of the Claim Form is not duly signed/has thumbprint affixed.
- Claim Form must be completed and the claim lodged with supporting documents within **30 days of the incident**. The acceptance of this Form is NOT an admission of liability on the part of AIG Asia Pacific Insurance Pte. Ltd, ( the "Insurer"). Any documentary proof or report required by the insurer shall be furnished at the expense of the Claimant. The insurer reserves the right to request for such further documents as it may deem fit in addition to the required documents listed in each of the sections of the Claim Form
- Relevant documents to be submitted please refer to Claim Form page 4 onwards (Please note that the list is not exhaustive as additional documents might be requested due to the conditions of the claim)

### CLAIM FORM COMPLETION GUIDE

#### Personal Accident Benefits

- Accidental Death of an insured person, please complete Parts A, B, C and D and Section 1 and provide all required supporting documents
- Permanent Disablement of an insured person, please complete Parts A, B, C and D and Section 2 and provide all required supporting documents
- Burns and Fracture of an insured person, please complete Parts A, B, C and D and Section 3 and provide all required supporting documents

#### Medical Expenses Benefits

- Outpatient/Inpatient Medical Expenses Reimbursement, please complete Parts A, B, C and D and Section 4 and provide all required supporting documents
- Hospital Confinement, please complete Parts A, B, C and D and Section 4 and provide all required supporting documents
- Temporary Disability from employment, please complete Parts A, B, C and D and Section 5 and provide all required supporting documents
- Hospital Visitation Expense Reimbursement, please complete Parts A, B, C and D and Section 6 and provide all required supporting documents

#### Travel Inconvenience Benefits

- Loss of Travel Documents and Money, please complete Parts A, B and C and Section 7 and provide all required supporting documents
- Luggage and Personal Effects, please complete Parts A, B and C and Section 8 and provide all required supporting documents
- Temporary Loss of Baggage (Baggage Delay), please complete Parts A, B and C and Section 9 and provide all required supporting documents
- Travel Delay, please complete Parts A, B and C and Section 10 and provide all required supporting documents
- Trip Curtailment and Trip Cancellation, please complete Parts A, B, C and D and Section 11 and provide all required supporting documents

#### All Other Benefits

- Hijack, please complete Parts A, B and C and Section 12 and provide all required supporting documents
- Kidnap, please complete Parts A, B and C and Section 14 and provide all required supporting documents
- Personal Liability, Do not admit liability or make any offer, promise or payment without prior sent of the insurer AIG. Submit all correspondence/documents from third parties to AIG for their handling. please complete Parts A, B and C and Section 16 and provide all required supporting documents

#### Attending Physician's Statement

- Attending Physician's Statement, please download the form found under Section 4 which is to be completed by your Attending Doctor (Please note that the completion of this form is at your expense)