

## Get FREE Travel Insurance Coverage with your HSBC Premier Mastercard Credit Card

As an HSBC Premier Mastercard cardholder, you get an exclusive Travel Insurance Coverage when you pay for your travel fares using your HSBC Premier Mastercard. Your coverage is inclusive of the following benefits:

Benefits	Amounts / Limits (in PHP)		
	Principal	Spouse	Children
Accidental Death and Dismemberment, with Unprovoked Murder & Assault	10,000,000	5,000,000	500,000
Trip Cancellation <sup>1</sup>	10,000	10,000	10,000
Trip Curtailment <sup>2</sup>	10,000	10,000	10,000
Travel Delay (2,000 per 12 hours, max 96 hours)	16,000	16,000	16,000
Missed Connecting Flight <sup>3</sup> (2,000 per 12 hours, max 96 hours)	16,000	16,000	16,000
Loss or Damage of Baggage and Personal Effects	10,000	10,000	10,000
Baggage Delay (1,000 per 12 hours)	16,000	16,000	16,000
24/7 Travel and Medical Emergency Assistance Services	Included	Included	Included

<sup>1</sup>Trip Cancellation benefit will be applicable for causes due to death, injury or sickness or compulsory quarantine of the insured or immediate family member; unexpected outbreak of strike, riot or commotion at the scheduled destination arising out of circumstances beyond the control of the insured; serious damage to the insured's residence from fire, flood or similar natural disaster.

<sup>2</sup>Trip Curtailment benefit will be applicable if a trip is interrupted due to (a) bodily injury, serious injury or sickness of the insured or due to Bodily Injury, Serious Injury or Sickness or Accidental Death of an Immediate Family Member, causing the Insured to return directly to his place of residence. This is not applicable for instances resulting from pre-existing conditions, travel arrangements interrupted by an airline, cruise line or tour operator, or an organized labor strike that affects public transportation, changes in plans by the customer for any reason and other exclusions specified in the Policy Terms & Conditions.

<sup>3</sup>Missed Connecting Flight benefit is applicable for instances when the insured misses his/her connecting flight due to the late arrival of his/her incoming flight and no onward transportation is available within twelve (12) consecutive hours from his actual arrival time.

### NOTES:

- Covered trip shall be any trip booked using your HSBC Premier Mastercard Credit Card.
- Entire fare for travel on common carrier must be charged to the HSBC Premier Mastercard Credit Card.
- Eligibility for insurance benefit:
  - All Primary or Supplementary Cardholders below 75 years old who have an HSBC Premier Mastercard Credit Card.
  - Legally married spouse below 75 years old and dependent child under age 24 of any eligible person described.



- Insurance shall cover injuries, death or travel inconveniences occurring during a one way or round trip travel taken by the cardholder or eligible spouse and children between point of departure to destination (as shown in cardholder's ticket), while riding as a passenger, on or boarding or alighting from a licensed air, land, water public conveyance, or while riding as a passenger on a private registered 4-wheeled motorized vehicle or Public conveyance operated for the transportation of passengers or for hire when:
  - Going to the airport for the purpose of boarding a scheduled common carrier aircraft
  - At the airport terminal itself
  - Leaving directly from an airport after alighting from such aircraft until the next destination is reached.
- The coverage is applicable for International and Domestic travel.
- Unlimited number of trips per year per eligible cardholder. Maximum duration per trip is 30 days.
- If you need emergency medical or travel assistance, please call the 24-hour Chubb Assistance at +63 2 864 0865.

## Claims

In case of a claim, please download and fill out the Travel Insurance Claim Form and submit along with the required documents indicated in the form to Insurance Company of North America (a Chubb Company).

You may send the complete documents to:

- The Claims Team at [travelclaims.ph@chubb.com](mailto:travelclaims.ph@chubb.com)
- Insurance Company of North America (a Chubb Company)  
24/F Zuellig Building, Makati Avenue corner Paseo De Roxas,  
Makati City, 1226 Philippines

The Insurance Company of North America (a Chubb Company) must be notified within 30 days after date of any covered loss of the intention to claim. In the event of Accidental Death, immediate notice must be given.

For further inquiries, you may call the Chubb Customer Care Hotline at +632 849 6000 (Monday to Friday, 8:30am to 5:30pm).

[Travel Claim Form](#)

## FAQs

### **Q: Who is eligible for the Travel Insurance Program?**

**A:** HSBC Platinum Visa Credit Card and HSBC Premier Mastercard cardholders are eligible for the Travel Insurance Program provided that the entire fare of the travel ticket is charged on the customer's HSBC Platinum Visa Credit Card or HSBC Premier Mastercard Credit Card.

The insured person/s are:

- All Primary or Supplementary Cardholders below 75 years old.
- Legally married spouse below 75 years old
- Dependent child under age 24 of any eligible person described.

### **Q: Does this only apply for international travel?**

**A:** No. The coverage is applicable for international and domestic travel.

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**Q: How do I request for a claim?**

**A:** Download and fill out the **Travel Insurance Claim Form** and submit along with the required documents indicated in the form to Insurance Company of North America (a Chubb Company).

You may send the complete documents to:

- The Claims Team at [travelclaims.ph@chubb.com](mailto:travelclaims.ph@chubb.com)
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**Q: Can I request for a travel insurance certification request?**

**A:** Yes, you may call the Chubb Customer Care Hotline at +632 849 6000 (Monday to Friday, 8:30am to 5:30pm) for this request.

# Travel Claim Form

The acceptance of this Form is NOT an admission of liability on the part of the Company.

CHUBB®

## Particulars of Insured Person/Claimant

Name of Insured Person:			
Address:			
Tel. No. (Office):		Tel. No. (Residence):	
Policy No.:			
Period of Insurance:			
E-mail Address:			
Name of Intermediary (if any):			
Name of Claimant:			
Address:			
Tel. No. (Office):		Tel. No. (Residence):	
Date of Birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation:			
E-mail Address:			

## Particulars of Loss/Occurrence

Period of Travel:	From:	To:	
Destination Country(ies):			
Explain exactly how the loss occurred:			
Place of loss or occurrence:			
Date of loss:		Time of loss:	
When and by whom was the loss discovered:		Relationship:	
Name(s) of witness(es) to the Incident:			
Address of witness(es) to the Incident:			
Passport No.:		Contact No.:	

## Claims History

Have you or any insured person previously made a claim under a travel policy?  Yes  No  
 If yes, please specify below:

Date & Circumstances of Similar Condition & Occurrence	
Name of Insurance Company(s) Involved	(Please use supplementary sheet if necessary)

**(A): Accidental Death / (B): Disability and Dismemberment / (C): Medical Expense**  
 (Please use the Accident and Sickness Proof of Loss Claim Form)

**(D): Overseas Travel Benefit**

**Section (1): Medical Expense / (8): Medical Evacuation & Repatriation / (9): Hospital Confinement**  
 (Please use the Accident and Sickness Proof of Loss Claim Form)

**Section (2): Travel Delay / (3): Missed Connecting Flight / (7): Baggage Delay**  
 (Please attach letter from Carrier/Airlines and Boarding Pass)

Original Flight Details		Delayed/Missed Flight Details		Collection of Delayed Baggage	
Date:		Date:		Date:	
Time:		Time:		Time:	
Place of Departure:		Place of Departure:		Place of collection:	
Flight No.:		Flight No.:			
Name of Airline:		Name of Airline:			
<b>Expenses Incurred By You:</b>		<b>Amount Recovered From Other Sources:</b>		<b>Amount Claimed:</b>	

**Section (4): Loss or Damage of Baggage and Personal Effects**  
 (Please furnish relevant Report from relevant authorities or Carrier/Airlines AND original purchase receipts)

**Give Details of Amount Claimed**

Description of Item:	
When and Where Purchased:	
Original Purchase Price:	
Amount Recovered from Other Sources:	
Amount Claimed:	(Please use supplementary sheet if necessary)

**Section (5): Personal Money/(6): Travel Documents**  
 (Please furnish relevant Report from relevant authorities or Carrier/Airlines)

**Details of Amount Claimed**

Amount Lost:	
Amount Recovered from Other Sources:	
Amount Claimed:	(Please use supplementary sheet if necessary)

**Section (11): Trip Cancellation/(12): Curtailment**  
 (Please attach documents from Carrier/Travel Agent)

When and where was travel booked?			
Intended Departure Date:		Date Cancelled:	
Amount Paid by You:		Amount Recovered from Other Sources:	
Amount Claimed:	(Please use supplementary sheet if necessary)		

**Section (14): Personal Liability**  
 (Please attach letter from Third Party, Police or Court)

Was the accident due to carelessness, or negligence on your part?	
Have you in any way admitted liability?	
To which Police Officer and Police Station (if any) did you report the occurrence?	
Names & addresses of the other party(ies)	
Nature of personal injury sustained by any person	

**Section (14): Personal Liability (continued)**  
 (Please attach letter from Third Party, Police or Court)

<b>Name/Age:</b>		<b>Nature of Injury:</b>	
Extent of damage to property belonging to other party(ies)			
Has there been a claim made upon you? If so, was the amount of such claim specified?			
Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you.			

**Section (10): Compassionate Visit/(13): Aircraft Hijacking**  
 (Please specify details of any claim)

Name of Police Station, Carrier/Airline or other authorities where Report lodged (if applicable):	
<b>Details of Claim:</b>	
<b>Amount Claimed</b>	(Please use supplementary sheet if necessary)

\*I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and \*I/we agree that if \*I/we have made or in any further declaration in respect of the said claim, shall make any false or fraudulent statements; or suppress, conceal or falsely state any material fact whatsoever, the Policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited.

\*I/We hereby authorize any hospital physician, other person who has attended or examined me, to furnish to the company, or its authorized representatives, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
 Signature of Insured Person/Claimant

\_\_\_\_\_  
 Date

**Chubb. Insured.<sup>SM</sup>**

## **Travel Claims Procedures and Requirements**

Submit Travel Claim Form or Accident and Sickness Proof of Loss Claim Form to Insurance Company of North America, a Chubb Company, 24/F Zuellig Building, Makati Avenue corner Paseo de Roxas, Makati City 1226, Philippines. The claim form has to be completed, signed and attached with the necessary documents according to the section of loss below.

Please note that all claims notification must be sent to Insurance Company of North America within thirty (30) days after a covered loss begins or as soon as is reasonably possible.

### **A. Accidental Death**

Accident and Sickness Proof of Loss Claim Form is to be used.

Documents to enclose (certified true copies)

- official police report and other related report (i.e. inter-office accident report, newspaper clippings, etc.)
- duly registered death certificate
- autopsy report/medico-legal statement
- affidavit of witness
- available photos taken at incident scene
- proof of relationship of the beneficiary (such as marriage contract, birth certificate, baptismal and passport)
- birth certificate of Insured Person

### **B. Disability and Dismemberment**

Accident and Sickness Proof of Loss Claim Form is to be used.

Documents to enclose (certified true copies)

- admitting history and operating room record (if any)
- supplementary medical report indicating physician's prognosis and time of disability
- official accident report (i.e. police report, inter-office accident report, newspaper clippings, etc.)

### **C. Medical Expense**

Accident and Sickness Proof of Loss Claim Form is to be used.

Documents to enclose:

- original copy of medical bills (itemized charge slips and professional fees included) and original official receipts
- official report pertinent to the accident (i.e. police report, accident report if any)
- emergency room record / admitting history / discharge summary
- all medical results pertaining to the accident
- prescription of medicines

### **D. Overseas Travel Benefit Section 1 - Medical Expense**

Please refer to Item C - Medical Expense and Section 9 - Hospital Confinement.

### **Section 2 - Travel Delay**

Travel Claim Form is to be used.

Departure point must not be the country of residence or place of employment.

Documents to enclose:

- airline ticket
- travel itinerary
- boarding pass showing the actual take off time & date
- written confirmation from the airline concerned specifying the

Reason(s) and the no. of hours of travel delay

### **Section 3 - Missed Connecting Flight**

Travel Claim Form is to be used.

Documents to enclose:

- airline ticket
- travel itinerary
- airport or airline irregularity report (stating or confirming the late arrival of incoming flight)

### **Section 4 - Loss or Damage of Baggage and Personal Effects**

Travel Claim Form is to be used.

All losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel/conveyance within

24 hours.

Documents to enclose:

- airline ticket
- boarding pass
- travel itinerary
- police report or report issued by responsible Hotel Management or carrier evidencing such losses
- original purchase bills/receipts of lost/damaged items
- original repair bills for damaged items
- if the responsible Hotel Management or carrier has made compensation for the damaged/lost items, please request them to issue a note or letter certifying the amount of money paid to you

### **Section 5 - Loss of Money and Section 6 - Loss of Travel Documents**

Travel Claim Form is to be used.

Losses must be reported to the Police Authority, responsible Hotel Management or responsible officer of any aircraft, vessel/conveyance within 24 hours.

Documents to enclose:

- police report or report issued by responsible Hotel Management or carrier evidencing such losses.
- written report of how the loss occurred and description of each item lost

### **Section 7 - Baggage Delay**

Travel Claim Form is to be used.

Arrival point must not be the Insured Person's country of residence or place of employment

Documents to enclose:

- airline ticket
- travel itinerary
- boarding pass showing the actual take off time & date
- written confirmation from airline/ their agents specifying reason and the no. of hours of baggage delay
- written acknowledgement on returned baggage
- all original bills/receipts for the purchase of emergency essential



clothing and requisite items/charge slips of credit card used for purchases

- airline ticket
- travel itinerary

### **Section 8 - Emergency Medical Evacuation & Repatriation**

Accident and Sickness Proof of Loss Claim Form is to be used.

Medical Evacuation and Repatriation will be organised by International SOS

### **Section 9 - Hospital Confinement**

Accident and Sickness Proof of Loss Claim Form is to be used. Documents to enclose :

- hospital statement of account (certified true copy)
- hospital admitting history (certified true copy)
- discharge summary (certified true copy)
- official receipts of Surgeon's and Anesthesiologist's Fees and all expenses incurred inside the Operating Room

### **Section 10 - Compassionate Visit**

Travel Claim Form is to be used. Documents to enclose:

- travel ticket and official receipt
- proof of relationship to visited relative (marriage contract / birth certificate)
- proof of residency of the sick relative in the country to be visited
- medical certificate for the sick relative stating condition and prognosis

### **Section 11 - Trip Cancellation**

Travel Claim Form is to be used. Documents to enclose:

- proof of cancellation notice issued by the relevant parties
- death certificate and/or medical report
- proof of relationship between the Insured person and his/her parents, siblings, spouse or child

### **Section 12 - Trip Curtailment**

Travel Claim Form is to be used. Documents to enclose:

- proof of cancellation notice issued by the relevant parties
- death certificate and/or medical report
- proof of relationship between the Insured person and his/her parents, siblings, spouse or child
- airline ticket
- travel itinerary

### **Section 13 - Aircraft Hijacking**

Travel Claim Form is to be used. Documents to enclose:

- police report or report issued by the carrier, confirming that the Insured Person was a victim of the hijack and the duration of hijack
- copy of the airline manifesto as proof that he is really a passenger in that flight

### **Section 14 - Personal Liability**

Travel Claim Form is to be used.

In no circumstances should the issue on legal liability be admitted to any third party claimant(s).

Documents to enclose:

- letters/writs/summons from the third party / police / court order

### **Contact Us**

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Insurance Company of North America  
A Chubb Company  
24th Floor, Zuellig Building  
Makati Avenue Corner Paseo de Roxas  
Makati City, Philippines 1226  
O +83 2 849 6000  
F +63 2 325 1669  
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travelclaims.ph@chubb.com  
TIN: 5700 000 589 211 VAT

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