

Forte Insurance (Cambodia) Plc. Phnom Penh

325 Mao Tse Toung Boulevard • P.O. Box 565 • Phnom Penh • Cambodia Tel: (855) 023 885 077/066 • Fax: (+855) 023 982 907 Email: info@forteinsurance.com Siem Reap 572 Achar Sv

572 Achar Svar • Krom 20 • Phum Wat Bo Khum Salakamreuk • Slem Reap • Cambodia Tel: (+855) 063 963 355 • Fax: (+855) 063 963 610 Email: srp@forteinsurance.com

www.forteinsurance.com

TRAVEL CLAIM PROCEDURE

Immediate notice shall be given to Forte of any occurrence likely to give rise to a claim under the Policy within 30 days. A detailed statement in writing describing the occurrence shall be submitted to Forte as soon as possible by fax no. (855) 023 982 907 or e-mail: claims@forteinsurance.com or directly to

"FORTE INSURANCE (CAMBODIA) PLC. No.325 Street Mao Tse Toung, Sangkat Depo I, Phnom Penh, Cambodia"

In order to do the loss adjustment you are required to supply us the following documents to support your claim:

- Traveller Claim Form (shall be provided by Forte)
- Medical certificate and Medical Report
- Original medical documents and receipts
- Police report or Carrier (e.g. airline, shipping)
- Other supporting document reasonably required by Forte

Unless otherwise requested, all benefits provided will be payable to the Insured, after receipt of proof acceptable to Forte.

In order to have an early settlement of the claim, you are advised to give our Claim Personnel your full co-operation.

PROOF OF LOSS

It is a condition precedent to any liability of Forte under this Policy that the Insured shall at his own expense furnish to Forte such report, information and evidence as Forte may from time to time reasonably require in the form and of the nature described by Forte.

IN THE EVENT OF AN EMERGENCY (SOS)

In the event of an emergency, serious injury, sickness or death, call Forte, reverse charges, any time, day or night, for assistance

Singapore Tel: (65) 6334 2002

The Insured Person or his representative must call the nearest SOS Service Center, reverse charge before undertaking any personal action or payment. The Insured person or his representative is required to state:

- 1. The Insured Person's name
- 2. The Insured Person's Certificate number and Passport number
- 3. Nature of injury or sickness
- 4. Detail of attending doctor, if available
- 5. Present location and contact particulars

CONCLUSION

We believe that we have covered most of the essential points in the claims handling procedure. However, should you need further clarification on any of them, please free to contact us.