

DOCUMENT CHECKLIST



PLEASE SUBMIT SCANNED COPY OF THE FOLLOWING:

- I. STANDARD DOCUMENTARY REQUIREMENTS (FOR ALL TYPES OF CLAIMS):
 1. Proof of Identity – Copy of Pilot’s License or Copy of Passport ID page.

- II. EMPLOYMENT RECORDS & PROOF OF INCOME:
 1. Employment Certificate – must state the following information:
 - a. Name of Insured Person;
 - b. Position/Rank;
 - c. Status of Employment;
 - d. Date Hired;
 - e. Monthly Income of the insured, this includes salary, benefits and allowances paid through salary to the pilot;
 - f. Date last reported to work due to disablement;
 - g. Date expected to return to work;
 - h. Declaration regarding Insured’s Person Contract will/will not/was terminate/d (specify date);
 - i. Name of Employer, Name of Authorized Signatory, Position, Contact Information and Signature.
 2. Copy of Insured’s payslips for the last twelve (12) months prior to his disablement;
 3. Copy of Insured’s payslips for six (6) months after his disablement.

- III. MEMBERSHIP RECORDS (If claiming under the Union Policy):
 1. Certificate of Membership – must include details on period of membership.

- IV. POLICE REPORT (For Personal Accident Only):
 1. Police Report executed by competent authorities at the place of incident.

- V. MEDICAL RECORDS:
 1. Medical Examination Report & Objective Medical Evidence obtained from a Registered Medical Practitioner – such as but not limited to, complete medical notes &/or from date of first consultation including, notes on chief complaint and symptoms observed, laboratory test results, prescription, etc.
 2. Diagnosis of the condition with explanation why the said injury/illness disables him to attend to his usual occupation;
 3. Current prognosis, medical treatment plan and duration, underlying conditions present that may affect recovery from the current condition, etc.
 4. Contact information of the attending &/or treating doctor:
 - a. Full Name;
 - b. Qualification;
 - c. Hospital Address or Clinic Address;
 - d. Phone No.;
 - e. Email Address.

IMPORTANT REMINDER:

- All certificates, information and evidence required shall be furnished at the expense of Insured’s Person/Claimant or his legal personal representatives and shall be in such form and of such nature we may prescribe;
- Failure of the Insured Person/Claimant to cooperate in the administration of a claim may result in the delay or termination of the claim.
- We reserve the right to request for additional information &/or additional documents if we may find necessary.



Claim Form and supporting documents can be sent by post or email to the following addresses:

Starr International Insurance (Asia) Limited

Suite 1901, 19/F Central Plaza, 18 Harbour Road, Wanchai, Hong Kong

Phone: (852) 3765 5401

Email: TopCoverClaim@starrcompanies.com