



HKAOA Members - Claim Notification Form

This form should be submitted:

- If the Insured Person has been unable to carry out their Occupation for 60 days, or
- As soon as possible if it is likely that a Disability may last in excess of 150 days, or
- At any time that the Insured Person wishes to notify a potential claim.

Acknowledgement by the Insurer of the receipt of this form will constitute written notification.

The Insurer will not accept liability for any claim, which is not notified in writing to the Insurer within one (1) year of the calendar date of the event giving rise to the claim.

Name of Policyholder:	Hong Kong Aircrew Officers Association
Full Name of Member:	
Rank:	
Date of Birth:	
HKAOA membership number:	
Individual TopCover Policy Number (if applicable)	
Date of occurrence (first day the insured was unfit to fly):	
Brief Details of Sickness or Accident:	
Current treatment and prognosis (if known):	
This notification completed by: Contact Information: (this will be used for future correspondence)	Name: Date: Signed:

Once completed please scan and email this form directly to: TopCoverClaim@starrcompanies.com

Ensure the HKAOA office is also notified (you may omit medical details) by email to: office@hkaoa.org



This Notification 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