

OVERSEAS TRAVEL INSURANCE CLAIM FORM

- 1. This form must be signed and dated in all applicable sections.
- 2. The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the company, nor a waiver of any of the terms and conditions of the insurance contract.
- 3. No claim under Accident & Sickness Section will be admitted without Doctor's Report as per format (Attending Doctor's Report - Page 4)
- 4. Please answer all questions completely. In case of insufficient space, please attach an additional sheet.
- 5. Please attach all Original bills & receipts pertaining to your claim.

Certificate / Policy No. : _____ Period From : _____ to : _____

Whether Claim was notified : Yes No If Yes, Reference No. _____

If No, give reasons : _____

DETAILS OF PATIENT / INSURED PERSON

Name of Insured : _____ Phone Nos. (In India) _____ Abroad _____

Date of Birth : _____ Gender : M / F

Name of Claimant : _____ Phone Nos. : _____

Date of Birth : _____ Gender : M / F

Current Residence Address (Abroad) : _____

Date of arrival in overseas country _____

Email ID : _____

Permanent Address (INDIA) _____

Date of Scheduled return to India _____

Passport No. : _____

Date of Departure : _____ Flight No. : _____ From _____ To _____

Date of Arrival : _____ Flight No. : _____ From _____ To _____

Please indicate whether claim is in respect of : Accident & Sickness Travel Delay Baggage Loss Baggage Delay Loss of Passport

* Please complete the Section relevant to your claim.

LOSS / DELAY OF CHECKED BAGGAGE

Describe when & where the loss/delay took place : _____

Amount of Loss : _____

Name the common carrier : _____

1. Flight No. : _____ From _____ To _____

2. Flight No. : _____ From _____ To _____

Has the common carrier been notified at the time of loss? Yes No Airline Reference No. : _____

Is PIR report attached? Yes No

Details of compensation received from carrier : _____

Scheduled date / time of Arrival : ____ / ____ / ____ : ____ : ____ hrs. Actual date / time when bags delivered : ____ / ____ / ____ : ____ : ____ hrs.

No. of Hours delayed : _____

