



Liberty Secure Travel Claim Form

**IMPORTANT:
Please contact our 24-hour helpline (our assistance center) on -----**

Issuance of this form does not amount to admission of any liability or a waiver of any of the terms and conditions of the Policy. If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then the Policy shall be void and all benefits paid under it shall be forfeited.

Please give the following information correctly and completely to enable us to process Your claim promptly along with the documents as mentioned in the ‘**Annexure A- Claim Documents Checklist**’

Use additional sheet, if required.

Issuance of the form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.

| | |
|---|---|
| Master Policy No. _ _ _ _ _ _ _ _ _ _ _ _ _ | Certificate No. _ _ _ _ _ _ _ _ _ _ _ _ _ |
| Policy Holder Name _ | |
| Claimant's Name: _ | |
| Claimant's Address: _ | |
| Phone No. (Mobile): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Phone No. (Res): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| Email ID: _ | |
| Policy start date: <u>D D</u> <u>M M</u> <u>Y Y Y Y</u> | Policy end date: <u>D D</u> <u>M M</u> <u>Y Y Y Y</u> |

Please tick the applicable benefit You want to claim for: (If Opted and Available)?

| Coverage | Opted Y/N | Claimed Amt. | Coverage | Opted Y/N | Claimed Amt. |
|---|--------------|-----------------|---|--------------|-----------------|
| Emergency Inpatient Hospitalization | | | Home Burglary (Contents) | | |
| Emergency Accidental Hospitalization | | | Adventure Sports: Accident Cover | | |
| Outpatient Treatment for Injury | | | Adventure Sports: Hospitalization Cover | | |
| Ambulance Cover | | | Trip Curtailment | | |
| Emergency Medical Evacuation | | | Emergency Family Visit | | |
| Transportation of the Mortal Remains | | | Emergency Family Accommodation | | |
| Accidental Death | | | Personal Liability | | |
| Permanent Total Disablement | | | Hospital Daily Cash - Accident only | | |
| Permanent Partial Disablement | | | Missed Connection | | |
| Accidental Death (Common Carrier) | | | Missed Departure | | |
| Permanent Total Disablement(Common Carrier) | | | Loss of Tickets | | |
| Trip Delay | | | Emergency Catastrophe Evacuation | | |

| | | | | | |
|--|--|--|--|--|--|
| Trip Cancellation | | | Bounced Hotel/Common Carrier Booking | | |
| Trip Cancellation Extension | | | Substitute Staff to Complete Your Business | | |
| Loss of Checked In Baggage | | | Hijack Allowance | | |
| Delay of Checked in Baggage | | | Loss of Credit Card/Debit Card | | |
| Home Contents (Fire and Allied Perils) | | | | | |

Hospitalization Expenses for Illness / Injury

Provide name, address & telephone number of Hospital / Clinic: _____

Treating Doctor's Name & Qualifications: _____

Treating Doctor's Telephone Number: (O) _____ (M) _____

Room / Ward / Bed Number: _____

Dates of treatment: From: D|D|M|M|Y|Y|Y|Y| To: D|D|M|M|Y|Y|Y|Y|

Date of onset of symptoms: D|D|M|M|Y|Y|Y|Y|

Attending Doctor's Report

Date doctor contacted: D|D|M|M|Y|Y|Y|Y| Time: H|H|M|M|

Nature of Ailment: _____

State diagnosis and nature of treatment provided: _____

When did patient's symptoms first appear? _____

Describe any other disease or infirmity affecting present condition: _____

Was the ailment due to Pregnancy: Yes No

Was the ailment aggravated due to any pre-existing condition? Yes No

If yes, please give details: _____

Can the patient be evacuated to another location for Treatment? Yes No

Medical Doctor's Signature and Date: _____

Disability Related

Nature of Disability (Permanent/Partial): -----

Percentage of Disability: -----

Disability Certificate Issued: Yes No

X-ray taken: Yes No

Diagnosis and Treatment given: -----

Signature: -----

Attending Doctor's Signature

Checked-In Baggage Loss/Delay:

Describe when & where the Loss / Delay took place: _____

State the extent of Delay / Loss: _____ Place of Delay / Loss: _____

Actual Date & Time

of Arrival of D|D|M|M|Y|

flight/Common Y|

carrier at Port: Y|Y| H|H|M|M|

Actual Date & Time when Bags were delivered: D|D|M|M|Y|Y|Y|Y| H|H|M|M|

Had the common carrier been notified at the time of loss? Yes No

Property Irregularity Report (PIR) number from Airline/ Common Carrier: _____

Details of compensation received from carrier: _____

| Sr. No. | Item Purchased / Items Lost | Date of Purchase | Cost in INR for loss claim |
|----------------------------------|-----------------------------|------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| Total | | | |
| Compensation from Airline | | | |
| Net Amount | | | |

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Checked-in Baggage Loss/Delay:

Trip Cancellation/Curtailment

Trip cancelled Trip Curtailed

Reason for Trip Cancellation / Curtailment: _____

Please detail out the above reason for trip cancellation / Curtailment (how, where, when and reason for the same):

Trip Cancellation / Interruption date: D|D|M|M|Y|Y|Y|Y|

Original Travel Dates: From: D|D|M|M|Y|Y|Y|Y| To: D|D|M|M|Y|Y|Y|Y|

Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details)

Details of Losses / Expenses Incurred:

| Sr. No. | Loss / Expenses Details | Amount |
|---------|-------------------------|--------|
| | | |
| | | |
| | | |
| | | |



Please refer attached Annexure "A" for documents to be submitted in support of the claim for Trip Cancellation/Curtailment:

Trip Delay

Reason for Trip Delay: _____

Please detail out the reason for trip delay (how, where, when, what was lost and reason for the same):

Original Travel Dates: From: DD|MM|YY|YY|YY|YY To: DD|MM|YY|YY|YY|YY

Trip delayed on: DD|MM|YY|YY|YY|YY

Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details)

Details of Expenses Incurred:

| Sr. No. | Loss / Expenses Details | Amount |
|---------|-------------------------|--------|
| | | |
| | | |
| | | |

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Trip Cancellation/Curtailment:

Emergency Family Visit/Accommodation

Emergency Family Visit Emergency Family Accommodation

Provide name, address & telephone number of Hospital / Clinic: _____

Treating Doctor's Name & Qualifications: _____

Treating Doctor's Telephone Number: (O) _____ (M) _____

Room / Ward / Bed Number: _____

Dates of hospitalization: From: DD|MM|YY|YY|YY|YY To: DD|MM|YY|YY|YY|YY

Date of onset of symptoms: DD|MM|YY|YY|YY|YY

Attending Doctor's Report

Date doctor contacted: DD|MM|YY|YY|YY|YY Time: HH|MM|MM

Nature of Ailment: _____

State diagnosis and nature of treatment provided: _____

When did symptoms first appear? _____

Was the ailment due to Pregnancy? Yes No

Was the ailment aggravated due to any pre-existing condition? Yes No

If yes, please give details: _____

Can the patient be evacuated back to city of residence? Yes No

Estimated time the patient would continue to be in the hospital? _____

Medical Doctor's Signature and Date: _____

Expenses Details

| Sr. No. | Details of expenses | Date | Expenses in INR |
|---------|---------------------|------|-----------------|
| | | | |
| | | | |
| | | | |

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Emergency Family Visit/Accommodation

 Missed Connection

Original Travel Schedule: (Please give date and time of all flights, mentioning the original and actual arrival and departure times.

Please also mention the name of carriers and flight numbers) _____

Which flight was delayed causing a missed connection? _____

Reason for delay of the flight: _____

Details of expenses due to Missed Connection:

| Sr. No. | Expenses | Amount |
|---------|----------|--------|
| | | |
| | | |
| | | |

I/We hereby agree, affirm and declare that:

1. The statements/ information given/ stated by me/ us in this claim form are true, correct and complete.
2. The details of all people having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/ similar claim) has been made or lodged with any other insurance company.
3. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
4. If I/we have given/ made any false or fraudulent statement/ information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/ We shall not be entitled to all/ any rights to recover hereunder in respect of any or all claims, past, present or future.
5. The receipt of this claim form/ other supporting/ related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/ additional information and documents in respect of the claim.
6. I do hereby authorize International Subrogation Management (ISM) to inquire and obtain any information regarding my accident. Further, Liberty General is hereby authorized to release any and all information, including copies of pertinent documents, which ISM may deem necessary in order to satisfy their inquiry, If during the investigation, ISM has identified a potential recovery source, allowing the Plan Participant's employer to recover paid benefits, ISM is authorized to release any all records they deem necessary in order to pursue the recovery.

Place: _____

Date: _____ Signature of the claimant _____

All information received as a result of this release will not be disseminated to any other entity without the expressed written authorization of the Plan participant, or The Member, if the Participant is a minor. This authorization is valid for one year from the date of signature.

Corporate Office:

Liberty General Insurance Ltd. 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel - 400013.

Insurance underwritten by Liberty General Insurance Co. Ltd. Insurance is the subject matter of the solicitation. MISC 110

Annexure A- Claim Documents Checklist

Following is the indicative document list for reimbursement claims:

Emergency Inpatient Hospitalization, Emergency Accidental Hospitalization, Ambulance Cover, Outpatient Treatment for Injury, Emergency Medical Evacuation, Hospital Daily Cash - Accident Only & Adventure Sports: Hospitalization Cover:

- Flight itinerary and Boarding pass and/or ticket details as applicable
- Duly filled and signed Claim Form.
- Policy Copy
- Photocopy of ID card / Photocopy of current year policy.
- Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
- Original payment Receipt of the hospital bill with receipt number
- First Consultation letter and subsequent Prescriptions.
- Original bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
- Copy of Indoor cases papers and other medical records as applicable for claim
- Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- Original medicine bills and receipts with corresponding Prescriptions.
- Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.
- Hospital Registration Number and PAN details from the Hospital
- Doctors registration Number and Qualification from the doctor
- Photo ID and Address proof of policy holder and patient
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- C-KYC form for claims above 1 lac

Accident Death, Accident Death (Common Carrier) & Adventure Sports: Accident Cover:

- Duly Completed Personal Accident Insurance Policy Claim Form signed by Nominee.
- Boarding pass and/or ticket towards the journey
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- Claim form with NEFT details
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Original Policy copy

Permanent Total Disablement, Permanent Partial Disablement & Permanent Total Disablement (Common Carrier):

- Duly Completed Personal Accident Insurance Policy Claim Form signed by insured.
- Boarding pass and/or ticket towards the journey
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR.
- All X-Ray / Investigation reports and films supporting to disablement.
- Claim form with NEFT details
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Original Policy copy.

Transportation of Mortal Remains:

- Duly filled and signed Claim Form.
- Original Policy copy.
- Flight itinerary and Boarding pass and/or ticket details as applicable
- Copy of death certificate with date, time, place and cause of death.
- Post mortem report, if conducted.
- Documentary evidence towards expenses incurred on disposal of mortal remains.
- In case of transportation of mortal remains, receipt towards expenses incurred in preparation and packing of mortal remains of the deceased along with the transportation of the same to the city of residence.

Ambulance Cover

- Duly filled and signed Claim Form.
- Original Policy copy.
- Flight itinerary and Boarding pass and/or ticket details as applicable
- Original Bill with Original Payment Receipt.
- Treating Doctor's consultation prescription indicating Emergency Hospitalization.

Trip Delay

- Duly filled and signed Claim Form.
- Policy copy
- Cancelled cheque
- Invoices related to List of essential purchases made, such as meals, refreshments or other related expenses directly resulting from the flight delay.
- Confirmation letter from the airlines clearly stating the duration and the reason for flight delay (Mandatory)
- Copies of Boarding Pass, Ticket.
- Please Note: Claim payment can be made only against the receipts for expenses directly resulting from flight delay.

Trip Cancellation, Trip Cancellation Extension and Trip Curtailment:

- Duly filled and signed Claim Form.
- Policy copy
- Letter from insured mentioning the reason of trip cancellation with related proof

- Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation
- Copies of Travel ticket and boarding pass of flight or travel ticket in case of rail or any other common carrier boarded by Insured.
- Medical reports and doctor's certificate in case of medical reasons for Trip cancellation/Curtailment
- Copy of death certificate in case of death of the immediate family member.
- Proof of travel and accommodation expenses made in advance for the trip
- Copies of receipts of travel and accommodation and proof of refund received for travel and accommodation expenses.
- Certificate from service providers about deductions of travel and accommodation charges.
- Cancelled cheque

Loss of Checked In Baggage Loss:

- Duly filled and signed claim form
- Policy copy
- Copies of Travel ticket and/or boarding pass
- Claim form submitted to airlines, mentioning the details items lost/damaged, with their respective cost. (Mandatory)
- Flight itinerary
- Cancelled Cheque
- Original Property Irregularity Report (PIR) from airlines
- Baggage Loss/Damage Report OR letter from airlines OR any other document from airlines confirming the loss of items.
- Details of Compensation received from Airlines If Any.
- Original Bills/Receipts for the items lost.

Delay of Checked In Baggage:

- Duly filled and signed claim form
- Copies of travel tickets/boarding pass/baggage tags
- Correspondence copies with common carrier about the delay of Baggage certificate with delay and actual date and time of delivery of baggage.
- Original Property Irregularity Report (PIR) from airlines
- Details of Compensation received from Airlines If Any.
- Flight itinerary
- Policy copy
- Cancelled Cheque
- Original Bills/Receipts of medication, toiletries or clothing purchased

Home Content – Fire & Allied Perils:

- Duly filled and signed claim form
- Policy copy
- Copies of Travel ticket and/or boarding pass
- First Information Report
- Panchnama
- Investigation Report by the Police
- Fire Brigade Report

- Estimate and final bills of repairers
- Invoices of owned articles, if required by the Company
- Legal opinion wherever required
- Any other document as may be appropriately applicable for the claims

Home Burglary (Contents):

- Duly filled and signed claim form
- Policy copy
- Copies of Travel ticket and/ or boarding pass
- Proof of complaint to local police
- Inventory/list of items stolen/ damaged and their cost
- Details of householders Policy
- Report of the Surveyor
- Bills towards repair of damages (if applicable)
- Any other document as may be appropriately applicable for the claims

Emergency Family Visit & Accommodation:

- Duly filled and signed claim form
- Insured person/s Original Travel ticket and boarding pass
- Certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or near relative during the entire period of Hospitalization.
- Policy copy
- Cancelled cheque
- Discharge summary
- Detail of expenses invoice
- Ticket used for the travel to and fro by the member of the Family or near relative.

Personal liability:

- Duly filled and signed claim form
- Policy copy
- Original Travel ticket and boarding pass
- Self-Declaration and statement of event in writing
- Statements of the witnesses
- Legal notice/summons or any other documents relevant to incident
- Any other document as may be appropriately applicable for the claims

Missed Connection:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copies of Travel ticket and boarding pass of flight Scheduled from the first port of arrival
- Copies of Travel ticket and boarding pass of New flight Scheduled from the first port of arrival
- Confirmation from the Common Carrier of the delayed flight

- Reasons for delay
- Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same
- Original used ticket obtained afresh towards the alternative flight
- Certificate from the Common Carrier of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture.

Missed Departure:

- Duly filled and signed claim form.
- Policy copy
- Cancelled cheque
- Original Travel ticket and boarding pass
- Missed departure certified by the concerned Schedule airlines/ Scheduled Railways / Scheduled Road Transport
- Proof of complaint to local police incase vehicle in which You are travelling is involved in an accident
- Proof of Public transport services failure

Loss of tickets:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copy of new Ticket
- Copy of previous Ticket (if available)
- Proof of complaint to local police
- Proof of complaint to common carrier and their response on the same.

Emergency Catastrophe Evacuation:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copies of Travel ticket and /or boarding pass
- Documentary evidence towards the catastrophe occurred.
- Any other document as may be appropriately applicable for the claims

Bounced Hotel/Common Carrier Booking:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Proof against hotel/common carrier booking Details
- Letter from Hotel/common carrier mentioning reason for non-accommodation and compensation received if any
- Bills/invoices and receipt raised against the accommodation or transportation

Substitute Staff to Complete Your Business:

- Duly filled and signed claim form
- Policy copy

- Cancelled cheque
- Original Travel ticket and boarding pass
- Copies of Medical records which prevents Insured from completing the business purposes of the journey.
- Any other document as may be appropriately applicable for the claims

Hijack Allowance:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copies of Travel ticket and boarding pass
- Correspondence copies with common carrier about the event
- Self-Declaration and statement of event in writing
- Statements of the witnesses
- Any other document as may be appropriately applicable for the claims

Loss of Credit Card/Debit Card:

- Duly filled and signed claim form
- Policy copy
- Cancelled cheque
- Copy of new debit card/credit card
- Copy of previous debit card/credit card (if available)
- Copy of return tickets
- Proof of complaint to local police
- Any other document as may be appropriately applicable for the claims