IRDA Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546



TRAVEL INSURANCE (BUSINESS AND HOLIDAY)

Claim Form

SECTION B - PERSONAL LIABILITY

Personal Liability

Issuance of this for manner dishonest behalf of the Insur	or fra	ıudul	ent, o	r is su	ıppoı	rted	by any	/ disl	hone	est o	r fro	ıudı	ulen	t means	or d	evices	, wh	eth	er by	the	e Ins	urec	l Per	son/		,		,
Policy No.								\prod							Clo	aim N	o. [

Policy No.				Claim No.		
Period of Insurance From	D M M Y Y	Y Y То	D D M M	YYYY		
A. DETAILS OF INSURED/C	CLAIMANT					
Name of the Claimant	S U R N A	ME	M I D D	L E N A M	E F	I R S T N A M E
2. Name of the Insured	S U R N A	ME	M I D D	L E N A M	E F	I R S T N A M E
3. Relationship with Insured						
4. Date of Birth of Insured	D D M M Y	YYY	Gender Mo	ıle Female		
5. Address	Plot No/Door No.			Building Name		
	Road			Area		
	City			District		
	State			Pincode		
6. Contact Details	Phone No.			Mobile		
	E-mail Id					
7. Date Trip Commenced	D D M M Y	YYY		8. Date of Sch	eduled Return	D D M M Y Y Y
B. FOR WHICH BENEFIT D	OO YOU CLAIM? [PL	EASE TICK (√)	THE APPROPRIAT	TE BOX]		

B. FOR WHICH BENEFIT DO	J 100 CLAIM? [PLEASE TICK (*) THE A	APPROPRIATE BOX		
SECTION: A - MEDICAL EXPEN	ISES, EVACUATION AND REPATRIATION	ı		
	Accident and Sickness Medical expe	nses	Emergency Medic	al Evacuation
	Repatriation of Mortal Remains		Dental Services	
SECTION: A (i) PERSONAL ACC	CIDENT			
	Accidental Death		Permanent Total o	disability
	Details of Permanent Total Disability			
SECTION: A (ii) TRAVEL SUPPO	DRT			
	Loss of checked Baggage	Trip Delay		Bail Bond Insurance
	Delay of checked Baggage	Missed connection	n	Hijack Cover
	Loss of Passport	Hospitalisation Do	aily Allowance	Golfer's Hole-In-One

Version 1.0, Nov 2014

Home Burglary Insurance

Emergency Cash Advance

C	C. SECTION: A - MEDICAL EX	KPE	NSE:	S, E\	/ACL	JATI	ON																								
1.	When did the disease first mo	anife	est					D	D	М	М	Υ	Υ	Υ	Υ																
	Nature of disease /Injury (please describe briefly)																														
	(piedse describe briefly)		te wh		tarte	Ь		D	D	Μ	М	Υ	Υ	Υ	Υ	1	te wl		-nde	od.				D	D	Μ	M	Υ	Υ	Υ	Υ
			te of					D	D	М	Μ	Υ	Υ	Υ	Υ		e of							D	D	Μ	M	Υ	Υ	Υ	Υ
3.	Name of Hospital																												T		\exists
4.	Name of Doctor	S	U	R	Ν	А	М	Е			М	ı	D	D	L	Е	Ν	А	М	Е			F	ı	R	S	Т	Ν	А	М	Е
5.	Address	Plo	t No	/Doc	r No).										Bui	lding	g No	ıme												
		Roc	ad													Are	ea														
		City	/													Pin	code	е													
		Sta	te																												
6.	Contact Number	Pho	one N	No.												Мо	bile														
НС	OSPITAL EXPENSES (plea	se s	how	eac	ch h	ead	sep	ara	tely))																					
Inp	patient expenses] (Outp	atie	nt e	kpen	ises											
De	ntal expenses		İ													Tota	l Cla	ıim <i>i</i>	٩mo	unt							Ī	Ħ	Ħ		
				•	•	•		•	•				•		•									•		•					_
D	D. REPATRIATION																														
	ou are claiming for extra costs lines, Burial details, Expenses i																					burio	al ex	pens	es p	leas	e spe	ecify	the	nam	e of
Tot	tal Claim Amount			1						l					1																
101	tai Claim Amount																														
E	E. SECTION: A (i) PERSONA	L AC	CCID	ENT																											
1.	Date & Time of Accident	D	D	М	М	Υ	Υ	Υ	Υ				:] A./	M. /	P.M.	Plo	ace o	of Ac	cide	ent								
2.	Name of Hospital																														
3.	Name of Doctor	S	U	R	Ν	А	М	Е			Μ	1	D	D	L	Е	Ν	А	Μ	Е			F	1	R	S	Т	Ν	А	Μ	Е
4.	Address	Plo	t No	/Doc	or No).										Bui	ldin	g No	ame												
		Roo	ad													Are	ea														
		City	у													Pin	code	е													
		Sta	ite																												
5.	Contact Number	Res	si. Te	el.												Off	ice														
		Мо	bile																												
6.	Police report lodged		Ye	es		No)																								
7.	Full description of																														
	accident cause																														
8.	Nature of injury sustained																														<u> </u>
		_																													
9.	Total Claim Amount																												\Box		
10.	. Total Claim Amount in word:	s																													

	MEDICAL CERTIFICATE - TO	O BE FILLED BY TREATING DOCTOR
1.	Name & Address of the Insured	S U R N A M E
	Gender	Male Female Date of Birth / Age D D M M Y Y Y Y /
3.	Nature of the Accident/Incident and details of injuries sustained	
4.	Cause of Accident/Incident	
5.	Are the injuries:	a) Solely due to Accident/Incident Yes No
		b) Traceable to any disease Yes No
		If 'Yes', give details
		c) Traceable to any previous injury
		If 'Yes', give details
6.	Was insured under influence	e of drugs / alcohol / intoxicants at the time of accident?
7.		ng from any disease or injury which may have contributed to the accident Yes No r condition or delay improvement?
	If 'Yes', give details	
	Details of Disablement	
	Nature of Disablement	a) Permanent Total Disablement Yes No
	Details of Disablement	
	Details of treatment given	
8.		should the injured person be confined to sole consequence of the injury sustained? From DDMMMYYYYY To DDMMMYYYYY
9.	During this period will the in	jured person be able to attend to his/her normal duties? Yes No
	If 'Yes', from D D M A	A Y Y Y Y
	If 'No', please state probable	e date of his / her being able to attend to his normal duties DDMMMYYYY
l ce	ertify that I have examined the c	above named Insured, the above statements are correct and that the injured person is necessarily disabled by the accident referred to
Na	me of treating Doctor	
Qu	alifications	Registration No.
Ad	dress	
Co	ntact Details	Phone No.
50		E-mail Id
Sig	nature of the Doctor	
Sta	imp of the Doctor	Stamp of the Hospital

	F. SECTION: A(ii) TRAVEL S	UPF	POR	T																										
	I. LOSS OF CHECKED BAGO	GAG	E / I	DEL	.AY	OF C	HE	CKE	D BA	AGG	AGE																			
				ota	l los	s of o	che	cked	bag	gag	e					[De	lay	of c	heck	ked	oagg	gage	e					
1.	Name of Airline																													
		Flig	ht N	No.											Fror	n [
															То															
2.	Scheduled departure	Dat	te		D	D	М	Μ	Υ	Υ	Υ	Υ			Tim	e [:] A. <i>i</i>	M. /	P.M.						
3.	Scheduled arrival	Dat	te		D	D	М	Μ	Υ	Υ	Υ	Υ			Tim	e [:] A. <i>i</i>	M. /	P.M.						
4.	Actual departure	Dat	te		D	D	М	Μ	Υ	Υ	Υ	Υ			Tim	e [:] A. <i>i</i>	M. /	P.M.						
5.	Actual arrival	Dat	te		D	D	М	Μ	Υ	Υ	Υ	Υ			Tim	e [:			A./	M. /	P.M.						
6.	Property irregularity report b	y car	rrier	atte	ache	ed												Ye	5		No)								
7.	Claim lodged on carrier																	Ye	5		No)								
8.	Police report lodged																	Yes	6		No)								
9.	Number and description of																													
	items lost/purchased																													
							_	_							1.							<u> </u>		<u> </u>	_		_	_		
					ms l		L	\pm	<u> </u>	<u> </u>					Cos	t of	item	is pu	ırcho	ased					_		+	_		
		Tote	al c	laim	n am	nount																								
	II. LOSS OF PASSPORT																													
1.) C) N	Λ N	Л	′ Y	′ Y	Y			2. F	olice	e re	port	lodg	ged							7、	Yes		No
		fees				D D) /	Λ N	Л	′ Y	′ Y	Y			2. F				lodg	ged] \ T	Yes		No
	Date of loss		al cl	laim		D		A A	A Y	′ Y	' Y	Y			1				lodo	ged] \ 	Yes		No
	Date of loss Application/documentation	Tota			n am	nount						Y			1				lode	ged] \ 	Yes		No
	Date of loss	Tota			n am	nount						Y			1				lode	ged								Yes		No
	Date of loss Application/documentation	Tota	.AT	ION	n am	nount						Y	Trip	o ca	1	lente			lodg	ged				 	iisso	ed co			ion	No
3.	Date of loss Application/documentation	Tota	.AT	ION	n am	nount						Y	Trip	o ca	Incid	lente			lode	ged] M	isse	eed co			ion	No
3.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO	Tota	.AT	rip o	n am	nount						Y	Trip	o ca	Incid	n			lodo	ged					iisso	eed co			ion	No
3.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO	Toto	AT	rip o	I/ M	nount	D C					Y	Trip	o ca	Incid	n			lodg	ged] M	iisso	eed cc			ion	No
3.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO	Toto	Ti	rip o	I/ M	ISSE	D C					Y	Trip	o ca	Incid	n [lod@	ged						eed co			ion	No
1.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline	Toto	Ti ht N	rip o	I/ M dela	ISSE Y	D C	ONN	NECT	FION	1		Trip	o ca	Ilatio From	m [ged		J 1	M. /	P.M.		eed co			ion	No
 3. 1. 2. 3. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline Scheduled departure	Total CELL Flig No Date	ht Nof here	rip o	I/ M I/ M I/ S I S I S I S I S I S I S I	ISSE Y	D C	ONN	NECT	FION	1		Trip	o ca	Incical Incica	n [[e [e [ged] A./		P.M.		eed co			ion	No
 3. 1. 2. 3. 4. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline Scheduled departure Actual departure	Total	ht Nof Pere	rip o	I/ M I/ M I/ S I D	ISSE y	D C	ONN	NECT Y	TION	1	Y	Trip	o ca	Incice In	n [[e e [e e e e e e e e e e e e e e				ged		A./	M. /	P.M.		eed co			ion	No
 3. 1. 2. 3. 4. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANC Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival Departure of	Flig No Dat Dat	The http://www.new.new.new.new.new.new.new.new.new.	rip o	I/ M I/ M I/ M I/ D	ISSE y	D C	ONI	NECT Y	TION	Y	Y	Trip) ca	Ilatio From To Tim Tim	n [ged		A./ A./ A./	M. /	P.M. P.M. P.M.		ed co			ion	No
 1. 2. 3. 4. 5. 6. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANC Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival	Flig No Dat Dat Dat	ht h	rip o	I/ M Idelay	ISSE y	D C	ONN	NECT Y Y Y Y	Y	Y	Y Y Y Y	Trip) ca	Illatio From To Tim Tim Tim Tim	n [[ee				ged] A./] A./] A./] A./	M. / M. / M. /	P.M. P.M. P.M.		ed co			ion	No
 1. 2. 3. 4. 5. 6. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANC Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival Departure of connecting flight Cause of delay	Flig No Dat Dat Dat Dat	The http://www.html.	No.	I/ M I/ M I/ M I/ M I/ M I/ D ISSE I D D D D D D D D D D D D D D D D D D		ONI	NECT Y Y Y Y Y Y	TION Y Y Y Y Y	Y	Y Y Y Y Y Y	Trip) ca	Illatio From Tim Tim Tim Tim Tim	n [[ee			: : : : : : : : : : : : : : : : : : : :	ged	No] A./] A./] A./] A./	M. / M. / M. /	P.M. P.M. P.M.		ed co			ion	No	
3. 1. 2. 3. 4. 5. 6. 7. 8.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival Departure of connecting flight Cause of delay	Flig No Dat Dat Dat Dat	ht N of h	No.	I am	ISSE I D D D D D D D D D D D D D D D D D D		ONI	NECT Y Y Y Y Y Y	TION Y Y Y Y Y	Y	Y Y Y Y Y Y	Trip	o ca	Illatio From Tim Tim Tim Tim Tim	n [[e e e e e e e e e e e e e e e e e		Yes	: : : : : : : : : : : : : : : : : : : :	ged] A./] A./] A./] A./	M. /	P.M. P.M. P.M.		ed co			ion	No

11. Name of affected person	S U R N A M E M I D D L	E N A M E F I R S T N A M E
12.Address of affected person	Plot No/Door No.	Building Name
	Road	Area
	City	Pincode
	State State]
13.Contact Number	Resi. Tel.	Office
	Mobile	
14. Details of the reason for		
trip cancellation		
IF D. H. (C. N.] Farance date:
15. Details of expenses in case of trip delay/cancellation	Sr No.	Expense detail
	Amount contracted/paid	Amount refunded
	Net loss	Payment receipts
	Refund/no refund letter	Total claim amount
IV. HOSPITAL DAILY ALLOW	ANCE	
1. Total number of days in hos	pital	Total claim amount
V EMERCENCY CASH ADV	ANGE	
V. EMERGENCY CASH ADV	ANCE	DI (I
Amount of funds lost		Place of loss
	Date of loss	Time of loss : A.M. / P.M.
2. Police report lodged	Yes No	Total claim amount
, 0		
VI. BAIL BOND		
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the	Phone No.	Mobile Mobile
VI. BAIL BOND 1. Name of Authority	Phone No. E-mail Id	Mobile
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the	E-mail Id	Mobile
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority	E-mail Id sured is in custody:	
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as per 	E-mail Id sured is in custody:	Mobile Yes No
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as person VII. HACK COVER	E-mail Id sured is in custody:	Yes No
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as personance. HACK COVER Name of Carrier 	E-mail Id sured is in custody:	Yes No Port of Hijack
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as person VII. HACK COVER	E-mail Id sured is in custody:	Yes No
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as personance. HACK COVER Name of Carrier 	E-mail Id sured is in custody:	Yes No Port of Hijack
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as personance. Name of Carrier Carrier flight Number 	E-mail Id assured is in custody: er the laws of the country?	Yes No Port of Hijack Port of Release
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as permitted. Name of Carrier Carrier flight Number Date and Time of Hijack 	E-mail Id asured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY	Yes No Port of Hijack Port of Release at : Hours
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority 3. The offense for which the in 4. Is this offense bailable as per VII. HACK COVER 1. Name of Carrier 2. Carrier flight Number 3. Date and Time of Hijack	E-mail Id asured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY NE	Yes No Port of Hijack Port of Release at : Hours at : Hours
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as permitted. Name of Carrier Carrier flight Number Date and Time of Hijack 	E-mail Id asured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY	Yes No Port of Hijack Port of Release at : Hours
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority 3. The offense for which the in 4. Is this offense bailable as per VII. HACK COVER 1. Name of Carrier 2. Carrier flight Number 3. Date and Time of Hijack	E-mail Id assured is in custody: er the laws of the country? From D D M M Y Y Y Y To D D M M Y Y Y Y	Yes No Port of Hijack Port of Release at : Hours at : Hours
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority 3. The offense for which the ir 4. Is this offense bailable as per VII. HACK COVER 1. Name of Carrier 2. Carrier flight Number 3. Date and Time of Hijack VIII. GOLFER'S HOLE IN ON	E-mail Id assured is in custody: er the laws of the country? From D D M M Y Y Y Y To D D M M Y Y Y Y	Yes No Port of Hijack Port of Release at : Hours at : Hours
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority 3. The offense for which the integrated the detaining authority 4. Is this offense bailable as performed to the detaining authority VII. HACK COVER 1. Name of Carrier 2. Carrier flight Number 3. Date and Time of Hijack VIII. GOLFER'S HOLE IN ONT 1. Date of achievement IX. HOME BURGLARY INSU 1. Name	E-mail Id assured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY AE DDMMYYYYY PRANCE	Port of Hijack Port of Release at : Hours at : Hours Total claim amount
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority 3. The offense for which the in 4. Is this offense bailable as per VII. HACK COVER 1. Name of Carrier 2. Carrier flight Number 3. Date and Time of Hijack VIII. GOLFER'S HOLE IN ON 1. Date of achievement IX. HOME BURGLARY INSU	E-mail Id pasured is in custody: per the laws of the country? From DDMMYYYYY To DDMMYYYYY VE DDMMYYYYY PRANCE Plot No/Door No.	Port of Hijack Port of Release at : Hours at : Hours Total claim amount Building Name
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority 3. The offense for which the ir 4. Is this offense bailable as per VII. HACK COVER 1. Name of Carrier 2. Carrier flight Number 3. Date and Time of Hijack VIII. GOLFER'S HOLE IN ON 1. Date of achievement IX. HOME BURGLARY INSU 1. Name 2. Address of property	E-mail Id assured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY AE DDMMYYYYY PRANCE	Port of Hijack Port of Release at : Hours at : Hours Total claim amount
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority 3. The offense for which the ir 4. Is this offense bailable as per VII. HACK COVER 1. Name of Carrier 2. Carrier flight Number 3. Date and Time of Hijack VIII. GOLFER'S HOLE IN ON 1. Date of achievement IX. HOME BURGLARY INSU 1. Name 2. Address of property	E-mail Id assured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY AE DDMMYYYYY PRANCE	Port of Hijack Port of Release at : Hours at : Hours Total claim amount

	Date o	of loss		D	M	Μ	Y	Y	Υ		Lo	ss dis	SCOV	ered	by											
3. Contents of home	Loss					T				Τ	Do	amag	je													\equiv
	Both					T		Τ		İ																一
4. Detailed circumstances of the loss																						-				
5. Report lodged with police		Yes		10			If rea	orted	d. bv	who	m	Т							Τ	Π						$\overline{}$
6. Reason for not reporting																										\exists
	Sr No.										Lo	ss de	tails													
	Loss/d	amag	е								Es	timat	ed c	ost d	of los	s										
7. Details of any other insuran	ce to co	ver foi	r the pr	operty	,					Ī																
G. SECTION B: PERSONAL	LIABILI	TY																								
Date of Incidence	D	D M	M	YY	Y	Υ	Time	,		:			v /	РΜ	Plc	ice (of In	cide	ence			Т				
Nature and detail facts of													***								_	_				
Claim being made																										
3. Court where the case																										
is being pursued	l: 6																 									
4. Total Amount of award incl								(1)	\Box					L .	104					<u> </u>		Ь.	_		.,	104/
I/We hereby to the best of my/ou make in any of my/our further st	atemen	ts in re	espect o	of the s	said ii	ncid	ent or	any fo	alse o	r fro	uduler	nt dec														
shall be void and all rights of com I/We hereby extend my/our cons	•		•										Grou	ıp er	ntitie	s for	spe	cific	purp	ose	of a	vailir	ng se	rvice	es off	erec
by State Bank Group(please strik	e this cl	ause ir	n case y	ou do	not w	ish t	o discl	ose th	e per	son	al data).														
Place		\perp																								
Date: DDMMYYY	YY								Sigi	natu	ire of C	Claim	ant/l	nsur	ed _											
H. PAYEE DETAILS [Payabl	e to No	minee	(*All fi	ields a	re m	and	atory)]																			
Bank Name												E	Bank	Bra	nch											
Bank Account No.]	FSC	Coc	le											
MICR No.] F	PAN	No.												
Note: It is agreed that the Po	,						-					,	-										cano	celle	d che	que
pertaining to the same accou	ınt. İn co	ise pre	mium is	s issue	d fror	n th	e same	bank	ассо	unt	througl	n che	que,	the	cance	elled	che	que	is no	ot red	quire	d.				
I. ANY OTHER INFORMAT	TION Y	M UC	AY WIS	н то	PRO	VID	E																			
I/We, above named hereby auth	orise an	v hosr	nital nh	vsiciar	n Pol	ice 8	R statu	tory o	utho	ritio	relev	ant w	itnes	505	and /	orre	elativ	/es (or oth	ner n	erso	n wh	o ha	s att	ende	
examined the insured, to disclinformation including any med	ose whe	n req	uested	to do	so b	y SE	31 Gen	eral l	nsurc	ınce	Co. L	td. oı	r its	perr	nitte	d ar	nd a	uth	orise	d re	pres	enta	tives,	, any	/ and	d all
instruction on my/our behalf.																										
I/We, the above named, do here I/We have made, or make in any or concealment, my/our claim s	further	declar	ation, t	he Cor																						
		, ,						1																		
Place									Sig	natı	ure of I	nsure	ed/Cl	aim	ant .											

J. ENCLOSURES CHECKLIST

Please attach following documents and tick appropriate box. (Please attach documents as per benefit claimed and tick appropriate box)

Medical Expenses including Evacuation & Repatriation	Loss of Passport
Claim Form (To be signed by the Treating Doctor and	Claim Form duly filled & signed
Insured you)	Copy of New Passport & previous passport (if available)
Original documents of Doctor's medical report, Discharge card	Original bills/invoices of expenses incurred for obtaining a new passport
Prescriptions and Original bills,	Copy of FIR/ Police Report
Investigation request and investigation reports along with	Copy of riturn tickets
payment receipts	Sopy of rotal filtered
For expenses of transportation due to medical reasons, you also need to attach a medical statement from the doctor indicating:	Loss of Checked Baggage Claim Form duly filled & signed
Cause of illness	Copies of boarding Pass/Ticket/Baggage Tags
Reason for necessity of the transportation	Copies of boarding rass/ ricker/baggage rags Copies of correspondence with the Airline authorities/others
All original bills	certifying the delay
Copy of passport, visa with entry and exit stamp	Property Irregularity Report (to be obtained from the airline authorities)
Any other relevant document	Details of compensation received from Airlines/other
Personal Accident- Death	authorities
	Delay of Checked Baggage
Claim Form duly filled & signed	
Claim Intimation	Claim Form duly filled & signed
Police Copy	Copies of boarding Pass/Ticket/Baggage Tags Copy of passport, visa with entry and exit stamp
Copy of FIR (First Information Report) /	Copies of correspondence with the Airline authorities/others
Spot Panchnama / Inquest Panchnama	certifying the delay of checked baggage
Death Supragra	Property Irregularity Report (PIR - a written proof from the
Death Summary Post Mortem Report	carrier) from the Airline authorities stating the period of delay
Original Legal Heir Certificate (in case nomination	Original bills/receipts/invoices for any necessary emergency purchases like toiletries, medication and clothing (If incurred)
has not been filed by deceased	Details of compensation received from Airlines/other
Copy of passport, visa with entry and exit stamp	authorities
Any other relevant document	Trip Delay
Personal Accident- Disability	Claim Form duly filled & signed
Claim Form duly filled & signed	Please attach confirmation from the airlines, clearly mentioning the scheduled arrival time and the actual arrival time
Claim Intimation	Copy of passport, visa with entry and exit stamp, Boarding
Police Copy	Pass/Ticket
Copy of FIR (First Information Report) /	Copies of Correspondence with the Airline authorities
Spot Panchnama / Inquest Panchnama	certifying about the delay
Photograph of the injured with reflecting disablement	Missed connection
Disability Certificate from appropriate	Claim Form duly filled & signed
Government Authority	Please attach confirmation from the airlines, clearly
Medical Certificate from treating Doctor	mentioning the scheduled arrival time and the actual arrival time
Leave Certificate from the Employer	Copy of passport, visa with entry and exit stamp, Boarding
Investigation Reports	Pass/Ticket
Treatment Papers	Copies of Correspondence with the Airline authorities certifying about the delay
Copy of passport, visa with entry and exit stamp	All the bills / receipts of reasonable additional expenses
Any other relevant document	incurred and / or proof of cancellation charges levied by the carriers shall be submitted

Trip Cancellation and Trip Curtailment
Claim Form duly filled & signed
If trip is cancelled or interrupted due to medical reasons then provide medical reports and doctors statement
If trip is cancelled or interrupted due to employment reason, then termination letter from the company shall be submitted
If due to other insured events, police report confirming the incident/government order shall be submitted
In case the cancellation or interruption is owing to the sickness, injury or death of a travelling companion, the original tickets of the insured and the travelling companion indicating travel to the same destination for the same dates needs to be submitted
All the bills/receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted
Hijack
Claim Form duly filled & signed
Full statement of the events in writing
Claim Form duly filled & signed Airline correspondence (copy of Passenger List etc.)
Copy of ticket/ Boarding Pass
Golfer's Hole-In-One
Claim Form duly filled & signed
Invoice of expenses incurred
Proof of achieving a hole-in-one by the Insured Person
Home Burglary Insurance
Claim Form duly filled & signed
Copy of FIR/ Police Report
Invoice of lost item

	Claim Form duly filled & signed
	Provide the court order stipulating the required amount as bail bond
	Police report
Eme	gency Cash Advance
	Claim Form duly filled & signed
	Copy of FIR/ Police Report
Perso	onal Liability
Perso	onal Liability Claim Form duly filled & signed
Perso	,
Perso	Claim Form duly filled & signed