



Please fill details for claimed benefit

**C. SECTION: A - MEDICAL EXPENSES, EVACUATION**

1. When did the disease first manifest

2. Nature of disease /Injury (please describe briefly)

Date when Treatment Started         Date when Treatment Ended

Date of Admission         Date of discharge

3. Name of Hospital

4. Name of Doctor

5. Address Plot No/Door No.         Building Name

Road         Area

City         Pincode

State

6. Contact Number Phone No.           Mobile

**HOSPITAL EXPENSES (please show each head separately)**

Inpatient expenses

Dental expenses

Outpatient expenses

Total Claim Amount

**D. REPATRIATION**

If you are claiming for extra costs of transportation home (for Self and / or Accompanying person ), Mortal remains or burial expenses please specify the name of Airlines, Burial details, Expenses incurred and other incidental costs with bifurcation of expenses in an attached sheet

Total Claim Amount

**E. SECTION: A (i) PERSONAL ACCIDENT**

1. Date & Time of Accident           :   A.M. / P.M. Place of Accident

2. Name of Hospital

3. Name of Doctor

4. Address Plot No/Door No.         Building Name

Road         Area

City         Pincode

State

5. Contact Number Resi. Tel.         Office

Mobile

6. Police report lodged  Yes  No

7. Full description of accident cause

8. Nature of injury sustained

9. Total Claim Amount

10. Total Claim Amount in words

**MEDICAL CERTIFICATE - TO BE FILLED BY TREATING DOCTOR**

1. Name & Address of the Insured

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
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2. Gender

Male  Female

Date of Birth / Age 

D	D	M	M	Y	Y	Y	Y
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3. Nature of the Accident/Incident and details of injuries sustained

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4. Cause of Accident/Incident

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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  Yes  No

If 'Yes', give details \_\_\_\_\_

6. Was insured under influence of drugs / alcohol / intoxicants at the time of accident?

Yes  No

7. Is the injured person suffering from any disease or injury which may have contributed to the accident or likely to aggravate his/her condition or delay improvement?

Yes  No

If 'Yes', give details \_\_\_\_\_

Details of Disablement \_\_\_\_\_

Nature of Disablement a) Permanent Total Disablement  Yes  No

Details of Disablement \_\_\_\_\_

Details of treatment given \_\_\_\_\_

8. According to you, how long should the injured person be confined to bed/house as the direct and sole consequence of the injury sustained?

From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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9. During this period will the injured person be able to attend to his/her normal duties?  Yes  No

If 'Yes', from 

D	D	M	M	Y	Y	Y	Y
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If 'No', please state probable date of his / her being able to attend to his normal duties 

D	D	M	M	Y	Y	Y	Y
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I certify that I have examined the above named Insured, the above statements are correct and that the injured person is necessarily disabled by the accident referred to

Name of treating Doctor 

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Qualifications 

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 Registration No. 

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Address 

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Contact Details Phone No. 

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E-mail Id 

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Signature of the Doctor \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Stamp of the Doctor \_\_\_\_\_

Stamp of the Hospital \_\_\_\_\_

**F. SECTION: A(ii) TRAVEL SUPPORT**

**I. LOSS OF CHECKED BAGGAGE / DELAY OF CHECKED BAGGAGE**

<input type="checkbox"/> <b>Total loss of checked baggage</b>	<input type="checkbox"/> <b>Delay of checked baggage</b>
1. Name of Airline <input style="width: 100%;" type="text"/>	
Flight No. <input style="width: 200px;" type="text"/>	From <input style="width: 200px;" type="text"/>
	To <input style="width: 200px;" type="text"/>
2. Scheduled departure Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.
3. Scheduled arrival Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.
4. Actual departure Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.
5. Actual arrival Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.
6. Property irregularity report by carrier attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Claim lodged on carrier	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Police report lodged	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Number and description of items lost/purchased	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Cost of items lost <input style="width: 150px;" type="text"/>	Cost of items purchased <input style="width: 150px;" type="text"/>
Total claim amount <input style="width: 300px;" type="text"/>	

**II. LOSS OF PASSPORT**

1. Date of loss <input style="width: 150px;" type="text"/>	2. Police report lodged <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Application/documentation fees <input style="width: 150px;" type="text"/>	Incidental costs <input style="width: 150px;" type="text"/>
Total claim amount <input style="width: 300px;" type="text"/>	

**III. TRIP DELAY/ TRIP CANCELLATION/ MISSED CONNECTION**

<input type="checkbox"/> <b>Trip delay</b>	<input type="checkbox"/> <b>Trip cancellation</b>	<input type="checkbox"/> <b>Misled connection</b>
1. Name of Airline <input style="width: 100%;" type="text"/>		
Flight No. <input style="width: 200px;" type="text"/>	From <input style="width: 200px;" type="text"/>	
No of hours delayed <input style="width: 150px;" type="text"/>	To <input style="width: 200px;" type="text"/>	
2. Scheduled departure Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.	
3. Actual departure Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.	
4. Scheduled arrival Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.	
5. Actual arrival Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.	
6. Departure of connecting flight Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.	
7. Cause of delay Date <input style="width: 150px;" type="text"/>	Time <input style="width: 100px;" type="text"/> A.M. / P.M.	
8. Relevant certificate provided by airlines	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Reason for trip cancellation	<input type="checkbox"/> Illness or injury	<input type="checkbox"/> Death
	<input type="checkbox"/> Quarantine	<input type="checkbox"/> Hijack
10. Person affected	<input type="checkbox"/> Insured	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Child	<input type="checkbox"/> Parent



Date of loss 

D	D	M	M	Y	Y	Y	Y
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 Loss discovered by 

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3. Contents of home Loss 

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 Damage 

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Both 

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4. Detailed circumstances of the loss 

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5. Report lodged with police  Yes  No If reported, by whom 

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6. Reason for not reporting 

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Sr No. 

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 Loss details 

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Loss/damage 

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 Estimated cost of loss 

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7. Details of any other insurance to cover for the property 

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**G. SECTION B: PERSONAL LIABILITY**

1. Date of Incidence 

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 Time 

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 A.M. / P.M. Place of Incidence 

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2. Nature and detail facts of Claim being made 

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3. Court where the case is being pursued 

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4. Total Amount of award including Claimant Cost 

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I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident or any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect the present or future claim shall be forfeited.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Place 

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Date: 

D	D	M	M	Y	Y	Y	Y
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 Signature of Claimant/Insured \_\_\_\_\_

**H. PAYEE DETAILS [Payable to Nominee (\*All fields are mandatory)]**

Bank Name 

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 Bank Branch 

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Bank Account No. 

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 IFSC Code 

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MICR No. 

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 PAN No. 

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Note: It is agreed that the Policyholder/Claimant will intimate in writing to SBI General about any change in bank account details. Please attach a cancelled cheque pertaining to the same account. In case premium is issued from the same bank account through cheque, the cancelled cheque is not required.

**I. ANY OTHER INFORMATION YOU MAY WISH TO PROVIDE**

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I/We, above named hereby authorise any hospital, physician, Police & statutory authorities, relevant witnesses and /or relatives or other person who has attended or examined the insured, to disclose when requested to do so by SBI General Insurance Co. Ltd. or its permitted and authorised representatives, any and all information including any medical records or other relevant information. A photocopy of this authorisation shall be considered as effective and valid as original instruction on my / our behalf.

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited.

Place 

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Date 

D	D	M	M	Y	Y	Y	Y
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 Signature of Insured/Claimant \_\_\_\_\_

Name of Insured/Claimant \_\_\_\_\_

## 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

- Claim Form (To be signed by the Treating Doctor and Insured you)
- Original documents of Doctor's medical report,
- Discharge card
- Prescriptions and Original bills,
- Investigation request and investigation reports along with payment receipts
  
- For expenses of transportation due to medical reasons, you also need to attach a medical statement from the doctor indicating:
  - Cause of illness
  - Reason for necessity of the transportation
- All original bills
- Copy of passport, visa with entry and exit stamp
- Any other relevant document

### Personal Accident- Death

- Claim Form duly filled & signed
- Claim Intimation
- Police Copy
- Copy of FIR (First Information Report) /
- Spot Panchnama / Inquest Panchnama
- Death Certificate
- Death Summary
- Post Mortem Report
- Original Legal Heir Certificate (in case nomination has not been filed by deceased)
- Copy of passport, visa with entry and exit stamp
- Any other relevant document

### Personal Accident- Disability

- Claim Form duly filled & signed
- Claim Intimation
- Police Copy
- Copy of FIR (First Information Report) /
- Spot Panchnama / Inquest Panchnama
- Photograph of the injured with reflecting disablement
- Disability Certificate from appropriate
- Government Authority
- Medical Certificate from treating Doctor
- Leave Certificate from the Employer
- Investigation Reports
- Treatment Papers
- Copy of passport, visa with entry and exit stamp
- Any other relevant document

### Loss of Passport

- Claim Form duly filled & signed
- Copy of New Passport & previous passport (if available)
- Original bills/invoices of expenses incurred for obtaining a new passport
- Copy of FIR/ Police Report
- Copy of return tickets

### Loss of Checked Baggage

- Claim Form duly filled & signed
- Copies of boarding Pass/Ticket/Baggage Tags
- Copies of correspondence with the Airline authorities/others certifying the delay
- Property Irregularity Report (to be obtained from the airline authorities)
- Details of compensation received from Airlines/other authorities

### Delay of Checked Baggage

- Claim Form duly filled & signed
- Copies of boarding Pass/Ticket/Baggage Tags
- Copy of passport, visa with entry and exit stamp
- Copies of correspondence with the Airline authorities/others certifying the delay of checked baggage
- Property Irregularity Report (PIR - a written proof from the carrier) from the Airline authorities stating the period of delay
- Original bills/receipts/invoices for any necessary emergency purchases like toiletries, medication and clothing (If incurred)
- Details of compensation received from Airlines/other authorities

### Trip Delay

- Claim Form duly filled & signed
- Please attach confirmation from the airlines, clearly mentioning the scheduled arrival time and the actual arrival time
- Copy of passport, visa with entry and exit stamp, Boarding Pass/Ticket
- Copies of Correspondence with the Airline authorities certifying about the delay

### Missed connection

- Claim Form duly filled & signed
- Please attach confirmation from the airlines, clearly mentioning the scheduled arrival time and the actual arrival time
- Copy of passport, visa with entry and exit stamp, Boarding Pass/Ticket
- Copies of Correspondence with the Airline authorities certifying about the delay
- All the bills / receipts of reasonable additional expenses 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

**Bail Bond**

- Claim Form duly filled & signed
- Provide the court order stipulating the required amount as bail bond
- Police report

**Emergency Cash Advance**

- Claim Form duly filled & signed
- Copy of FIR/ Police Report

**Personal Liability**

- Claim Form duly filled & signed
- Full statement of the facts in writing
- Any other documents relevant to the incident, including Summons, Legal Notice, etc
- Witness statements or Any other information you would like to share with us