



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

Bank Name	<input type="text"/>	Bank Branch	<input type="text"/>
Bank Account No.	<input type="text"/>	IFSC Code	<input type="text"/>
MICR No.	<input type="text"/>	PAN No.	<input type="text"/>

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. Photocopies of cancelled cheque are not considered.

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

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

Signature of Insured/Claimant \_\_\_\_\_

Date

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

**FOR WHICH BENEFIT DO YOU CLAIM? [PLEASE TICK (✓) THE APPROPRIATE BOX]**

Note: Please ensure the relevant annexure and checklist, along with the first three pages of the claim form, are printed and attached for processing.

**SECTION: A - Base Covers**

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Expenses - Accident & Sickness amount _____ (INR) | <input type="checkbox"/> Emergency Medical Evacuation and Transportation amount _____ (INR) |
| <input type="checkbox"/> Repatriation of Mortal Remains amount _____ (INR)         | <input type="checkbox"/> Dental Expenses amount _____ (INR)                                 |

**SECTION: B - Optional Cover**

Annexure No.	Optional covers	Amount Claimed
1.	Pre-existing Disease Cover ( Inpatient Hospitalisation and Day care treatment)	<input type="checkbox"/>
2.	Hospital Daily Cash	<input type="checkbox"/>
3.	Personal Accident Including Disappearance	<input type="checkbox"/>
4.	Accidental Death & Dismemberment (Common Carrier)	<input type="checkbox"/>
5.	Adventure Sports Coverage	<input type="checkbox"/>
6.	Reinstatement of SI in case of Accidental Hospitalisation	<input type="checkbox"/>
7.	Loss of Checked in Baggage	<input type="checkbox"/>
8.	Delay of Checked in Baggage	<input type="checkbox"/>
9.	Trip Delay	<input type="checkbox"/>
10.	Missed Connection	<input type="checkbox"/>
11.	Trip Cancellation due to Hospitalization	<input type="checkbox"/>
12.	Trip Cancellation for Any Reason	<input type="checkbox"/>
13.	Trip Interruption	<input type="checkbox"/>
14.	Bounced Bookings of Airlines and Hotel	<input type="checkbox"/>
15.	Hijack Distress Allowance	<input type="checkbox"/>
16.	Loss of Passport	<input type="checkbox"/>
17.	Loss of International Driving License	<input type="checkbox"/>
18.	Up-gradation to Business Class	<input type="checkbox"/>
19.	Compassionate Visit	<input type="checkbox"/>
20.	Return of Minor Child	<input type="checkbox"/>
21.	Political Risk and Catastrophe Evacuation	<input type="checkbox"/>
22.	Personal Liability	<input type="checkbox"/>
23.	Bail Bond Insurance	<input type="checkbox"/>







Cause of Death (as per medical or police records)

Death Certificate Attached.  Yes  No

Post-Mortem Report Attached.  Yes  No

Nominee / Legal Heir Name

Relationship to Insured

Contact & Address of Nominee

### Medical / Disability Details

Date of Disappearance           Circumstances of Disappearance

Last Known Proof of Life

Police Report / Coast Guard / Aviation / Maritime Report Attached  Yes  No

Guarantee / Indemnity Undertaking Attached  Yes  No

Note: If the insured later returns alive after the claim is paid, the entire claim amount must be refunded to the insurer as per policy conditions.

### Annexure 4 - Accidental Death & Dismemberment (Common Carrier)

Type Of claims –  Accidental Death  Accidental Dismemberment (specify loss):

DOB / Age:           \_\_\_\_\_ Years

Mobile           E-mail Id

Travel Itinerary (as per ticket/PNR):  From           to

Outbound Date:           Time  :  A.M. / P.M. Return Date:

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

Common Carrier Type:  Airline  Railway  Bus  Ship/Ferry

Carrier Name & No.: (e.g., Flight/Train/Bus/Ship)

PNR / Ticket No.:           Status at Time of Accident:  Riding in/on  Boarding  Alighting

Fare-paying passenger?  Yes  No

Brief Description of Accident (facts only):

Nature of Loss & Timelines (For Death claims)

Date of Death:           (must be within 12 months of accident) Place of Death:

Cause of Death (as per Medical/Death Certificate):

(For Dismemberment claims)

Type of Loss:  Loss of limb (specify)   Loss of sight (L/R/Both)

Date of Medical Confirmation of Dismemberment:

Permanent & total?  Yes  No (Attach treating doctor's certificate)

Nominee / Legal Heir / Assignee Details (for Death)

Name:

Relation:  DOB:           Age:

Communication Address:

Mobile           E-mail Id

Identification (attach):  Aadhaar  Passport  Other: \_\_\_\_\_

If no nominee registered:  Legal Heir Certificate / Succession Proof attached Total Claim Amount (INR)



**Annexure 9 & 10, - Trip Delay / Missed Connection**

Trip Delay                       Trip Cancellation                       Missed Connection

1. Name of Airline

Flight No.  From

Number of hours delayed  To

2. Departure of connecting flight Date:  Time:  A.M. / P.M.

3. Cause of delay Date:  Time:  A.M. / P.M.

4. Relevant certificate provided by airlines  Yes  No

5. Reason for trip cancellation  Illness or injury     Death     Quarantine     Hijack

6. Person affected  Insured     Spouse     Child     Parent

7. Name of affected person

8. Address of affected person Plot No./Door No.  Building Name

Road  Area

City  District

State  Pincode

9. Contact Number Resi. Tel.  Office

Mobile

10. Details of the reason for trip cancellation

11. Details of expenses in case of trip delay/cancellation

Sr No.	<input type="text"/>	Expense detail	<input type="text"/>
Amount contracted/paid	<input type="text"/>	Amount refunded	<input type="text"/>
Net loss	<input type="text"/>	Payment receipts	<input type="text"/>
Refund/no refund letter	<input type="text"/>	Total claim amount	<input type="text"/>

**Annexure 11 - Trip Cancellation due to Hospitalisation**

Destination Country:

Trip Dates / Duration:  Reason for Cancellation:

Date the Trip was Cancelled:  Date of Medical Event / Illness Onset:

Date of Admission:  Date of Discharge:

Primary Diagnosis / Medical Condition:

Name of Hospital:

Hospital Address:

Date the Trip was Cancelled:

Cancellation occurred within 15 days before Policy Period Start Date?  Yes  No (Only "Yes" is eligible under the coverage)

Total Claim Amount (INR)

**Annexure 12 - Trip Cancellation for Any Reason**

Destination Country:

Trip Dates / Duration:

Scheduled Trip Dates: From  to  Date the Trip was Cancelled:

Reason for Cancellation (Any Reason)

Cancellation was made Within Required Timeframe? (As per policy schedule, e.g., ≥48/72 hours prior);  Yes  No

Full Cost of Non-Refundable Trip Arrangements Was Insured?  Yes  No

Total Claim Amount (INR)

**Annexure 13 - Trip Interruption**

Destination Country:

Trip Dates / Duration:

Scheduled Trip Dates: From  to

Type of Trip Interruption:  Curtailment / Return to India early  Alteration / Change of Itinerary

Reason for Trip Interruption

Details of the Incident Leading to Interruption

Date & Time of Incident  Destination Country:

Description of Incident

Was the incident sudden and unforeseen?  Yes  No

Was the insured aware of circumstances before policy purchase?  Yes  No

Medical / Hospitalization Details (If Reason v Applies)

Name of Patient

Relationship to Insured

Diagnosis

Hospital Name & Address

Date of Admission  Date of Discharge / Ongoing

Total claim amount (INR):

**Annexure 14 - Bounced Bookings of Airlines and Hotel**

Type of Bounced Booking:  Flight  Hotel Date of Accident

Airline / Hotel Name:

Flight / Booking Reference Number:  Scheduled Departure:

Reason for Bouncing of Booking:

Did the airline provide an alternative within 6 hours? \_\_\_\_\_

Alternate Travel Arranged By:

New Flight Details:

Actual Additional Expenses Incurred \_\_\_\_\_

Claimed Amount (INR):

### Annexure 15 - Hijack Distress Allowance

1. Name of Carrier  Port of Hijack

2. Carrier flight Number  Port of Release

3. Date and Time of Hijack From  of  Hours  
 To  of  Hours

### Annexure 16 - Loss of Passport

1. Date of loss  2. Police report lodged  Yes  No

3. Application/documentation fees  Incidental costs

Total Claim Amount (INR)

### Annexure 17 - Loss of International Driving License

Incident details:

Destination Country:  Trip Dates / Duration:

Scheduled Trip Dates: From  to

Type of Document Lost:  International Driving License (IDL)  Temporary Permit

License Number:

License Issuing Country:

Date of Issue:  Date  Time of loss  A.M. / P.M.

Place of loss  Date & Time Reported to Police:

Police Station Name & Location:

Police Report / Complaint Number:

Copy of Official Report Attached?  Yes  No

Total Claim Amount (INR)

### Annexure 18 - Up-gradation to Business Class

Name of Insured Person:

Destination Country:

Trip Dates: From  to

Name of Hospital:

Hospital Address:

Date of Admission:  Date of Discharge / Ongoing:

Total Consecutive Days Hospitalized:

Nature of Injury/Illness:

Treating Doctor Name:

Doctor's Registration / License Number:

Medical Certificate for Necessity of Business Class Up-gradation Is written recommendation attached?  Yes  No

Original Travel Ticket Details

Original Class Booked:  Economy  Business (If Business Benefit not payable)

Original Flight Number:  Original Travel Date:

Original Ticket Number / PNR:  Original Ticket Fare (Economy):

Business Class Ticket Details (Post-Upgrade)

If Original Ticket Was Upgradeable (Condition iii) \_\_\_\_\_

Was upgrade possible on the same main ticket?  Yes  No



Economy Fare Amount:

Accompanying Relative / Escort Details (If applicable)  
(Insurer reimburses round-trip economy travel for relative or professional escort)

Name of Relative / Escort:

Relationship to Child:  Passport Number:

11. To-and-From Ticket Amount:  12. Travel Dates:

13. Total claim amount:

### Annexure 21 -Political Risk and Catastrophe Evacuation

Date of Incident  Incident details:

Trip Start & End Dates

Type of loss -  Government/Official Advisory instructing evacuation for certain categories (including the insured)  Insured Declared Persona Non Grata / Expelled by authorities  Natural Catastrophe requiring immediate evacuation

Evacuation Type (Select one):  Return to India  Evacuation to Nearest Place of Safety

Evacuation Date:

Nearest Safe Destination (if applicable)

Airline Name:

Departure City / Airport:  Accommodation Expenses:

Total claim amount:

### Annexure 22 - Personal Liability

Name of Insured Person:

Insured Trip Destination:  Date of Incident

Time:  Place of Incident (City/Country):

Did the incident occur during the insured trip?  Yes  No

Brief description of the incident and circumstances leading to liability:

Nature of Liability  Accidental Bodily Injury to Third Party  Accidental Damage to Third Party Property

Third Party Details:

Name & Address:

Relationship with Insured (confirm Third Party):

Any legal notice/summons received?  Yes  No

Court/Jurisdiction (if applicable):  Claimed Amount (INR):

Court-awarded Amount (if any):

### Annexure 23 - Bail Bond Insurance

1. Name of Authority

Date of loss  Time of loss  :  A.M. / P.M.

2. Contact Details of the detaining authority  
Phone No.  Mobile

E-mail Id

3. The offense for which the insured is in custody: \_\_\_\_\_

4. Is this offense bailable as per the laws of the country?  Yes  No

**Annexure 24 - Home Burglary Insurance**

1. Name

2. Address of property where loss was sustained  
 Plot No/Door No.  Building Name   
 Road  Area   
 City  Pincode   
 Date of loss         Loss discovered by

3. Contents of home  
 Loss  Damage   
 Both

4. Detailed circumstances of the loss

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

6. Reason for not reporting

Sr No.  Loss details   
 Loss/damage  Estimated cost of loss

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

**Annexure 25 - Fire Cover For Building (Home in India)**

Insured Residence Address (as per Schedule)

Ownership Status:  Self-owned  Joint  Other: \_\_\_\_\_

Occupied by Insured except during policy period?  Yes  No

Type of Construction  Pucca  Kutcha (Kutcha is excluded)

Storeys / Floor of Building

Usage:  Residential only  Mixed (specify) \_\_\_\_\_

Date         Time of loss  :  A.M. / P.M.

Location of Insured Property

Peril that caused the loss (tick)  Fire  Lightning  Explosion/Implosion  Aircraft Damage  Riot, Strike, Malicious Damage   
 Storm/Cyclone/Typhoon/Temppest/Hurricane/Tornado/Flood/Inundation  Impact Damage  Subsidence/Landslide/Rockslide  Bursting/Overflowing  
 of Water Tanks, Apparatus & Pipes  Missile Testing Operations  Leakage from Automatic Sprinkler Installations (excl. repairs/alterations/defects  
 known to Insured)  Bush Fire (excl. Forest Fire)  Earthquake (Fire & Shock) (incl. flood overflow & subsequent landslide/rockslide)

Detailed Description of Incident:

Any other policy covering this property at time of loss?  No  Yes (give details)

Any marine policy applicable?  No  Yes (claim will be only for excess beyond marine policy)

Was the residence unoccupied immediately preceding loss?  Yes  No

If Yes, days unoccupied before loss. \_\_\_\_\_ days (Note: Unoccupied ≥90 days preceding loss is excluded)

Any fall/displacement of building/part thereof in last 7 days?  No  Yes (give date/details)

Total Claim Amount (INR)



**Annexure 30 - Travel Loan Secure**

Incident details: \_\_\_\_\_

Date:         Time of Accident:  :  A.M. / P.M.

Place of Accident: \_\_\_\_\_

Accidental Death  Permanent Total Disability (PTD) Date of Death / PTD Certification:

Issuing Authority / Medical Practitioner: \_\_\_\_\_

LOAN DETAILS (Mandatory Conditions ii & iii)

Lender Type  Commercial Bank  NBFC  Other Authorized Financial Institution

Name of Lender: \_\_\_\_\_

Branch / Location: \_\_\_\_\_ Loan Account Number: \_\_\_\_\_

Loan Sanction Date:         Total Loan Amount Sanctioned: \_\_\_\_\_

Purpose of Loan \_\_\_\_\_ Outstanding Principal Amount: \_\_\_\_\_

Outstanding Interest (Not Payable): \_\_\_\_\_

Arrears / Penalties (Not Payable): \_\_\_\_\_

Total claim amount: \_\_\_\_\_

**Annexure 31 - Visa Fees Protection**

Date of Incident:         Incident details: \_\_\_\_\_

Destination Country: \_\_\_\_\_

Trip Start Date:         Trip End Date:

Type of Visa Applied: \_\_\_\_\_

Date of Visa Application Submission:         Date of Visa Rejection:

Mode of Rejection Notification:  Email  Portal  Physical Letter  Other: \_\_\_\_\_

Total claim amount: \_\_\_\_\_

**SECTION: C - Additional Optional Covers**

**Annexure 32 - Chiropractic Treatment**

Incident details: \_\_\_\_\_

Destination Country: \_\_\_\_\_

Nature of Condition (Injury/Illness) \_\_\_\_\_

Date of Onset of Symptoms / Injury:         Date Chiropractic Treatment Started:

Date Chiropractic Treatment Ended:         Total Number of Sessions: \_\_\_\_\_

Total Claim Amount (INR) \_\_\_\_\_

**Annexure 33 - Extended Cover In the Country of Residence**

Date of Incident:         Incident details: \_\_\_\_\_

Name of Hospital (Destination Country): \_\_\_\_\_

Date of Admission:         Date of Discharge / Repatriation:

Diagnosis / Injury / Illness Treated: \_\_\_\_\_

Date of Repatriation:         Mode of Return:  Air  Other: \_\_\_\_\_

HOSPITALIZATION IN COUNTRY OF RESIDENCE

Name of Hospital (Country of Residence): \_\_\_\_\_

Date of Admission:

Ongoing Hospitalization (if still admitted)  
Diagnosis / Treatment (must match previous condition in destination country): \_\_\_\_\_

Was prior approval obtained from the insurer?  Yes  No

Has the treating doctor from the Destination Country certified that continued treatment in the Country of

Residence is medically necessary?  Yes  No

Total claim amount:

#### Annexure 34 - Fraudulent Card Payment

Date of Incident  Incident details:

Type of Card:  International Debit Card  International Credit Card

Card Issuing Bank / Financial Institution:

Was the card valid and not expired at the time of loss?  Yes  No

Date  Time Reported  A.M. / P.M. Card Issuer:

Mode of Reporting:  Phone  Email  App  Online  Branch

Card Blocked Immediately After Reporting?  Yes  No

Date  Time  A.M. / P.M. FIR Registered:

Police Station Name (Destination Country):

Total Fraudulent Amount Claimed:  Total Claim Amount (INR):

#### Annexure 35 - Travel Date Change Cover

##### REASON FOR RESCHEDULING

Incident details:

Date of Incident  Original Travel Date:

Original Flight Number:  Departure Airport:

Arrival Airport:

Mode of Travel:  Air (Economy Only) Class of Travel:  Economy Ticket Number / PNR:

Booking Date:

##### RESCHEDULED TRAVEL DETAILS

Original Flight Number:  Departure Airport:

Arrival Airport:

Mode of Travel:  Air (Economy Only) Class of Travel:  Economy Ticket Number / PNR:

Booking Date:  6. Original Ticket Cost (Economy):

Rescheduled Ticket Cost (Economy):

Differential Cost (Rescheduled - Original):

Total Claim Amount (INR):

#### Annexure 36 - Deportation Expenses

Was a valid visa issued before start of trip?  Yes  No

Visa Issue Date:  Visa Expiry Date:  Date of Deportation Order:

Date Insured Became Aware of Deportation:

Deportation Authority (Immigration / Border Force / Police):

Was the deportation reported within 7 days of the incident?  Yes  No

##### REASON FOR DEPORTATION

Airline Name:

Travel Date:  Departure Airport (Destination Country):

Arrival Airport (City of Residence in India):

Fare Amount (Economy Class):  Economy Class One-Way Fare Amount:

Total Claim Amount (INR):

**Annexure IV - SECTION: D - Specific Optional Covers (for Students only)**

**Annexure 37 - Tuition Fee**

Date of Incident:  Incident details:

Insured hospitalized for more than 30 continuous days due to covered Injury/Illness  Yes  No

Terminal Illness diagnosed  Yes  No Medical repatriation to India  Yes  No

Death of Immediate Family Member or Sponsor  Yes  No

Permanent Total Disability (PTD) of Immediate Family Member or Sponsor  Yes  No

Name of Hospital:

Date of Admission:  Date of Discharge:  Total Days Hospitalized:

Ongoing semester at the time of event:

Total Non-Refundable Tuition Fee as per Official Invoice:

Scholarship / Waiver (if any):

Net Tuition Fee Payable:

Is a one-way economy class airfare also claimed?  Yes  No If Yes, complete below: From  To

Date of Travel:  Fare Amount (Economy Class Only):

Total Claim Amount (INR):

**Annexure 38 - Sponsor Protection**

Date of Incident:  Incident details:

Name of Sponsor:

Relationship with Insured:

Sponsor's Country of Residence:

Sponsor's Contact Details:  Event Type:  Accidental Death  Permanent Total Disability (PTD)

Date of Event:  Cause of Event:

Semester for which reimbursement is claimed:

Start & End Dates of Semester:  &

Total Tuition Fee for the semester (as per official document):

Scholarship / Fee Waiver (if any):

Net Tuition Fee Payable (Fee – Waiver/Scholarship):

Has Tuition Fee already been reimbursed under Benefit 4.4.1?  Yes  No

ONE-WAY AIR TICKET CLAIM (As per Condition b — Travel between place of education and home country)

Travel Direction: From:  To:  Date of Travel:

Arrival Airport:

Fare Amount (Economy Class Only):  Total Claim Amount (INR):

**Annexure 39 - Loan Protection**

Date of Incident:  Description of Accident:

Type of Event:  Accidental Death  Permanent Total Disability (PTD)

Place of Accident:

Loan Taken From – Lender Type:  Bank  NBFC  Other Authorized Financial Institution

Name of Bank / NBFC / Institution:

Branch / Location:



Name of Hospital:

Date of Admission:         Date of Discharge:

Total Claim Amount (INR):

#### Annexure 43 - Alcoholism & Drug Abuse

Date of Incident         Incident details:

Location (City / Country):

Name of Hospital:

Date of Admission:         Date of Discharge

Total Duration of Hospitalization

Primary Diagnosis related to Alcoholism / Drug Abuse:

Symptoms leading to hospitalization:

Date when symptoms began:         Total Claim Amount (INR):

#### Annexure 44 -Self- Inflicted Injury

Date of Incident         Incident details:

Location (City / Country):

Date of Admission:         Date of Discharge

Total Days Hospitalized:  Total Claim Amount (INR):

#### Annexure 45 - Mental & Nervous Disorder

Name of Hospital:

Hospital Address:

Date of Admission:         Date of Discharge

Total Days Hospitalized:

Primary Diagnosis (Mental / Nervous Disorder):

Was this condition present before policy commencement?  Yes  No

Is this condition related to any past medical history?  Yes  No

Total Claim Amount (INR):

#### Annexure 46- Cancer Prevention : Screening & Mammography Cover

Incident details:

TYPE OF SCREENING  Cancer Screening  Mammography Date of Screening / Mammography:

Name of Hospital / Diagnostic Centre

Address of Hospital / Diagnostic Centre

Is this the first and only screening claimed in the Policy Period?  Yes  No

Is this an Out-Patient Treatment (OPD) Claim?  Yes  No

Claim amount (INR):

#### Annexure 47 -Physiotherapy Expenses

Date of Incident         Incident details:

Location (City / Country)

Was the Accident Reported to Authorities?  Yes  No

Start Date of Physiotherapy:         End Date of Physiotherapy (if completed):

Total Sessions Taken:

Name of Hospital / Clinic

Treating Medical Practitioner Certification:

Reason for Physiotherapy / Disability Treated

Claim amount (INR):

**Annexure 48 - Vision Care**

Date of Incident  Incident details:

Location of Incident:

Date of Vision Check-Up  Name of Clinic / Hospital

Was it for routine vision correction?  Yes  No

Was it due to an injury/accident?  Yes  No

If due to accident, Accident Date:  Claim amount (INR):

**Annexure 49 - Felonious Assault**

Date of Incident  Incident details:

Location of Incident:

Nature of Assault (Brief):

Physical Assault  Violent Crime

Robbery-related Assault  Weapon-assisted Assault

Mugging  Other (Specify):

Date of Police Report Filing  Police Report / FIR Number

Authority Where Report Was Filed

Police Department  Embassy/Consulate Assisted Filing

Local Law Enforcement  Other (Specify):

Claim amount (INR):

**Annexure 50 - Visa Revocation Expenses**

Date of loss  Original Travel Dates -  From: Date:

Time  :  A.M. / P.M. To: Date:  Time  :  A.M. / P.M.

Visa Country:

Type of Visa:  Date of Visa Issue:

Date of Visa Revocation:  Description of the Incident:

Total Claim Amount (INR):

**Annexure 51 - Accommodation Extension Expenses**

Date of loss  Reason for Extension of Trip

Incident details

Extension Date(s)  From (extended date): Date:  Time  :  A.M. / P.M.

To (extended date): Date:  Time  :  A.M. / P.M.

Original Travel Dates  From (extended date): Date:  Time  :  A.M. / P.M.

To (extended date): Date:  Time  :  A.M. / P.M.

Person Affected

Name of Affected Person:

Relationship with Insured:

If other than Insured, provide:

Address:

Contact Details:

Reason for Incurred Accommodation Expenses

Airline / Carrier Delay

Natural Disaster / Weather Hazard

Cancellation beyond control of Insured

Political Disturbance / Strike

Medical Emergency of Insured

Other (specify): \_\_\_\_\_

Illness/Injury of Travel Companion

Location of Extended Stay \_\_\_\_\_

Total Claim Amount (INR):

## DOCUMENTS CHECKLIST

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

**Note: Please ensure the relevant annexure and checklist, along with the first three pages of the claim form, are printed and attached for processing.**

### MEDICAL EXPENSES ACCIDENT & SICKNESS, CHIROPRACTIC TREATMENT, SPORTS INJURY, ALCOHOLISM & DRUG ABUSE, MENTAL AND NERVOUS DISORDER, HOSPITAL DAILY CASH, PRE-EXISTING DISEASE COVER, REINSTATEMENT OF SUM INSURED IN CASE OF ACCIDENTAL HOSPITALISATION

- 1) Claim Form (To be signed by the Treating Doctor and Insured Person) and with the Claims Reference No.
- 2) Original documents of Doctor's medical report, admission and discharge cards, and Prescriptions.
- 3) Original bills, vouchers, reports, and payment receipts stating the details for the treatment performed
- 4) Original X-ray, pathological and investigative reports.
- 5) 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
- 6) Copy of passport, visa with entry, and exit stamp
- 7) Cancelled cheque leaf of the Insured / Nominee

### DENTAL EXPENSE

- 1) Claim form duly filled and signed by Insured Person
- 2) Complete set of Dental Records (Presenting Complaint, diagnosis, treatment given, In case of hospitalization, discharge summary (if any). All the test reports and X-ray reports
- 3) Prescription from the doctor
- 4) Policy Copy
- 5) Name, address, contact no, e-mail id of the Local Medical officer (LMO), Invoices (itemized) and original bills description of charges for the services rendered and original payment receipts towards expenses incurred.
- 6) Copy of passport visa with exit stamp
- 7) Cancelled cheque leaf of the Insured /Nominee

### PERSONAL ACCIDENT INCLUDING DISAPPEARANCE

- 1) Duly completed Claim Form with signature of Insured/Nominee
- 2) Original Death Certificate

- 3) Copy of FIR/Police inquest report/Coroners report
- 4) Copy of Post-mortem report in case of Accidental Death Claim
- 5) Dismemberment Case:
- 6) Original documents of Doctor's medical report, admission and discharge cards, and prescriptions, Disability Certificate from the doctor
- 7) Copy of treatment papers along with No. 1 & 3 above

### ACCIDENTAL DEATH & DISMEMBERMENT (COMMON CARRIER)

- 1) Duly completed Claim Form with signature of Insured/Nominee
- 2) Original Death Certificate,
- 3) Copy of FIR/Police inquest report/Coroners report
- 4) Copy of Post-mortem report in case of Accidental Death Claim
- 5) Dismemberment Case:
- 6) Original documents of Doctor's medical report, admission and discharge cards, and prescriptions, Disability Certificate from the doctor
- 7) Copy of treatment papers along with No. 1 & 3 above

### DELAY OF CHECKED-IN BAGGAGE

- 1) Duly completed Claim Form with signature of Insured
- 2) Copies of boarding Pass/Ticket/Baggage Tags
- 3) Copy of passport, visa with entry and exit stamp
- 4) Copies of correspondence with the Airline authorities/others certifying the delay of checked baggage
- 5) Property Irregularity Report (PIR – a written proof from the carrier) from the Airline authorities stating the period of delay
- 6) Original bills/receipts/invoices for any necessary emergency purchases like toiletries, medication and clothing (If incurred)
- 7) Details of compensation received from Airlines/other authorities

#### ADVENTURE SPORTS

- 1. Claim Form duly filled in and signed by Treating Doctor and Insured Person/Nominee
- 2) Copy of Policy Certificate
- 3) Age Proof/ Copy of Passport
- 4) Medical reports and discharge summary issued by the Hospital or prescriptions and medical records from the Medical Practitioner furnishing the name of the Insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis.
- 5) Original Hospital bills with proper description of services rendered and payment receipts towards expenses incurred
- 6) Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization
- 7) Details of the adventure sport undertaken along with bills/receipts, medical Certification declaring good health (where required), proof of required minimum training, and contact details of the Service Provider/guide/centre/organizer with whom adventure sport was undertaken
- 8. Proof of Affiliation /Accreditation/ Government Certification etc, whichever applicable, of service/sport provider who is providing Adventurous Sport Activity
- 9. Cancelled cheque of the Insured / Nominee

#### LOSS OF CHECKED IN BAGGAGE

- 1) Duly completed Claim Form with signature of Insured
- 2) Copies of boarding Pass/Ticket/Baggage Tags
- 3) Copies of correspondence with the Airline authorities/others certifying the delay
- 4) Property Irregularity Report (to be obtained from the Airline authorities)
- 5) Details of compensation received from Airlines/other authorities

#### TRIP DELAY

- 1) Duly completed Claim Form with signature of Insured
- 2) Please attach confirmation from the Airlines, clearly mentioning the scheduled arrival time and the actual arrival time
- 3) Copy of passport, visa with entry and exit stamp, Boarding Pass/Ticket
- 4) Copies of Correspondence with the Airline authorities certifying about the delay

#### MISSED CONNECTION

- 1) Duly completed Claim Form with signature of Insured
- 2) Please attach confirmation from the Airlines, clearly mentioning the schedule arrival time and the actual arrival time
- 3) Copy of passport, visa with entry, and exit stamp, Boarding Pass/Ticket
- 4) Copies of Correspondence with the Airline authorities certifying about the delay
- 5) All the bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the carriers shall be submitted.

#### TRIP CANCELLATION DUE TO HOSPITALIZATION

- 1) Duly completed Claim Form with signature of Insured Person
- 2) If Trip is cancelled or interrupted due to medical reasons, then provide medical reports and doctor's statement
- 3) All the bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the carriers shall be submitted.

#### TRIP CANCELLATION FOR ANY REASON

- 1) Duly completed Claim Form with signature of Insured
- 2) If Trip is cancelled or interrupted due to medical reasons, then provide medical reports and doctor's statement
- 3) If Trip is cancelled or interrupted due to employment reason, then termination letter from the Company shall be submitted
- 4) If due to other Insured events, police report confirming the incident/government order shall be submitted
- 5) 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
- 6) All the bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the carriers shall be submitted.

#### TRIP INTERRUPTION

- 1) Duly completed Claim Form with signature of Insured
- 2) If Trip is cancelled or interrupted due to medical reasons, then provide medical reports and doctors statement
- 3) If Trip is cancelled or interrupted due to employment reason, then termination letter from the Company shall be submitted
- 4) If due to other Insured events, police report confirming the incident/government order shall be submitted
- 5) 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
- 6) All the bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the carriers shall be submitted.

#### BOUNCED BOOKINGS OF AIRLINES AND HOTEL

- 1) Duly completed Claim form with signature of Insured
- 2) Policy Copy
- 3) Declaration from the Insured specifying the compliance of rules laid down by the Common Carrier or accommodation provider relating to the reconfirmation of the booking prior to the date of departure of the Flight or occupation of the accommodation
- 4) A confirmation from the Common Carrier of the bounced booking solely at their instance and responsibility.
- 5) Insured shall lodge his/ her Claim on the Common Carrier and/ or the accommodation provider for the additional charges that he/ she might have incurred for which he/ she has lodged a Claim on this Company and in case of any recovery from the concerned agencies, shall return such recovery to the Company to extent of amount paid hereunder
- 6) Cancelled cheque of the Insured / Nominee

**HIJACK DISTRESS ALLOWANCE (PER DAY UP TO 7 DAYS)**

- 1) Duly completed Claim Form with signature of Insured
- 2) Full statement of the events in writing
- 3) Duly completed Claim Form with Your signature Airline correspondence (copy of Passenger List etc.)
- 4) Copy of ticket/ Boarding Pass

**LOSS OF PASSPORT**

- 1) Duly completed Claim Form with signature of Insured
- 2) Copy of New Passport & previous passport (if available)
- 3) Original bills/invoices of expenses incurred for obtaining a new passport
- 4) Copy of FIR/ Police Report
- 5) Copy of return tickets.

**LOSS OF INTERNATIONAL DRIVING LICENSE**

- 1) Duly Completed Claims form with signature of Insured
- 2) Copy of Policy Certificate
- 3) Copy of new International Driving License
- 4) Copy of previous International Driving License if available
- 5) Copy of new tickets
- 6) Proof of complaint to local police
- 7) Cancelled cheque of the Insured / Nominee

**UP-GRADATION TO BUSINESS CLASS**

- 1) Duly completed Claim form with signature of Insured
- 2) Policy Copy
- 3) Complete set of medical records including Discharge Summary & Travel recommendation from the treating doctor mentioning the reason for upgrade to business class.
- 4) A Copy of scheduled Travel itinerary & actual itinerary along with the difference of additional expenses incurred towards upgrade to business class.
- 5) Cancelled cheque of the Insured / Nominee

**COMPASSIONATE VISIT**

- 1) Claim Form duly filled in and signed
- 2) Copy of Policy Certificate
- 3) Travel Details: Air Ticket and Boarding passes or copy of passport with visa entry and exit stamp
- 4) Medical record of the patient, Discharge Summary, Presenting complaints, diagnosis, treatment given, etc.
- 5) Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available)
- 6) Paid receipts in original for expenses incurred towards air tickets and stay of the Insured/Immediate Family Member
- 7) Depending upon the peculiarity of the case, additional documents/information's will be asked for
- 8) Covering letter detailing circumstances
- 9) Cancelled cheque of the Insured /Nominee

**RETURN OF MINOR CHILDREN**

- 1) Claim form duly filled in and signed by Insured Person
- 2) Copy of Policy Certificate
- 3) A certificate from the Medical Practitioner specifying the cause and minimum period of Hospitalisation. Discharge summary of the Hospital
- 4) Original ticket(s) used for the travel by the Minor Child back to India, if the ticket(s) are bought on behalf of the Insured without any interference of the Company.
- 5) Clear Copy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post-mortem certificate, wherever required by the Assistance Service Provider, for cases where post-mortem is conducted), issued by the appropriate authority where the contingency has arisen.
- 6) Cancelled cheque of the Insured / Nominee

**POLITICAL RISK AND CATASTROPHE EVACUATION**

- 1) Claim Form duly filled in and signed by Insured Person
- 2) Copy of Policy Certificate
- 3) Official Declaration by embassy of India of the Insured
- 4) Original Invoice of Hotel Accommodation during the period Insured is unable to return to India
- 5) Original ticket(s) used for the travel back to India.
- 6) Cancelled cheque of the Insured / Nominee

**PERSONAL LIABILITY**

- 1) Duly completed Claim Form with signature of Insured Person
- 2) Full statement of the facts in writing
- 3) Any other documents relevant to the incident, including Summons, Legal Notice, etc
- 4) Witness statements or any other information You would like to share with us.

**BAIL BOND INSURANCE**

- 1) Duly completed Claim Form with signature of Insured Person
- 2) Provide the court order stipulating the required amount as bail bond
- 3) Police report

**HOME BURGLARY (HOME IN INDIA)**

- 1) Duly completed Claim Form with signature of Insured Person
- 2) Copy of FIR/ Police Report
- 3) Invoice of lost item

**EMERGENCY CASH ASSISTANCE**

- 1) Duly completed Claim Form with signature of Insured Person
- 2) Copy of FIR/ Police Report

**FIRE COVER FOR BUILDING (HOME IN INDIA)**

- 1) Claim Form duly filled in and signed by Insured Person
- 2) Copy of Policy Certificate
- 3) Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp
- 4) Fire Department report/Police report.
- 5) Original receipts for all items Claimed. If not available, provide description of items and the date, place and price of purchase
- 6) Newspaper cutting/Media report - Depending upon the peculiarity of the case, additional documents/information's will be asked for
- 7) Covering letter detailing circumstances
- 8) Cancelled cheque of the Insured /Nominee
- 9) Proof of ownership of the House
- 10) Panchnama

**FIRE COVER FOR CONTENTS (HOME IN INDIA)**

- 1) Claim Form duly filled in and signed by Insured Person
- 2) Copy of Policy Certificate
- 3) Original Air Ticket/Boarding passes or copy of passport with visa entry and exit stamp
- 4) Fire Department report/Police report.
- 5) Original receipts for all items Claimed. If not available, provide description of items and the date, place and price of purchase
- 6) Newspaper cutting/Media report - Depending upon the peculiarity of the case, additional documents/information's will be asked for)
- 7. Covering letter detailing Circumstances
- 8. Cancelled cheque of the Insured / Nominee
- 9. Proof of ownership of the House
- 10. Panchnama

**MATERNITY EXPENSES**

- 1) Claim Form (To be signed by the Treating Doctor and Insured Person) and with the Claims Reference No.
- 2) Original documents of Doctor's medical report, admission and discharge cards, and Prescriptions.
- 3) Original bills, vouchers, reports, and payment receipts stating the details for the treatment performed.
- 4) Original X-ray, pathological and investigative reports.
- 5) For expenses of transportation due to medical reasons, You also need to attach a medical statement from the doctor indicating:
- 6) Copy of passport, visa with entry and exit stamp

**FRAUDULENT CARD PAYMENT**

- 1) Duly completed Claim Form with Insured's signature
- 2) Police Report in original.
- 3) Details of the attempts made to trace the loss of Payment Card
- 4) Statement of Claim for the expenses incurred, after reporting the fraud to the issuing financial institution.
- 5) Travel itinerary, Passport (first and last page with immigration stamping on visa)

**OUTPATIENT TREATMENT (OPD)**

- 1) Claim Form (To be signed by the Treating Doctor and Insured) and with the Claims Reference No. )
- 2) Original documents of Doctor's medical report, admission and discharge cards, and Prescriptions.
- 3) Original bills, vouchers, reports, and payment receipts stating the details for the treatment performed
- 4) Original X-ray, pathological and investigative reports.
- 5) For expenses of transportation due to medical reasons, You also need to attach a medical statement from the doctor indicating:
  - Cause of Illness
- 6. Copy of passport, visa with entry and exit stamp

**TRAVEL LOAN SECURE**

- 1) Duly completed Claim Form with Insured signature
- 2) Loan Dispatch/Approval Letter
- 3) Original Death Certificate,
- 4) Copy of FIR/Police inquest report/Coroners report
- 5) Copy of Post-Mortem report in case of Accidental Death Claim
- 6) Dismemberment Case:
  - a. original documents of Doctor's medical report, admission and discharge cards, and prescriptions, Disability Certificate from the doctor
  - b. Copy of treatment papers along with No. 1 &3 above

**VISA FEES PROTECTION**

- 1) Letter/ Email of rejection with reason of rejection (if available) from the embassy
- 2) Passport copy of the Insured
- 3) Copy of the Visa submitted reference number/ receipt copy
- 4) Visa application by the traveller/ agent with the confirmation of the date/ time stamp
- 5) Copy of confirmed travel ticket

**EXTENDED COVER IN THE COUNTRY OF RESIDENCE**

- 1) Duly completed Claim Form with Insured's signature
- 2) Copy of passport, visa with entry, and exit stamp
- 3) Documents as specified for Section 4.1.1 Medical Expenses – Accident & Sickness (as applicable).

**TRAVEL DATE CHANGE COVER**

- 1) Duly completed Claim Form with signature of Insured
- 2) If Trip is rescheduled due to medical reasons, then provide medical reports and doctor's statement
- 3) If Trip is rescheduled due to employment reason, then letter from the Company shall be submitted
- 4) If due to other Insured events, police report confirming the incident/ government order shall be submitted
- 5) In case the modification 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
- 6) All the bills / receipts of reasonable additional expenses incurred and / or proof of charges levied by the carriers shall be submitted.

**DEPORTATION EXPENSES**

- 1) Duly completed Claim Form with Insured's signature
- 2) Proof of deportation of Insured with reason
- 3) Passport copy of the Insured

**TUITION FEE**

- 1) Duly completed Claim Form with Insured's signature
- 2) Photocopy of valid photo identity proof of the Insured
- 3) Letter from Educational Institution confirming the Academic course details along with the complete fee details paid.
- 4) Original documents of Doctor's medical report, admission and discharge cards, and prescriptions of Insured, if applicable
- 5) Disability certificate, medical reports, diagnostic test and Hospitalization papers and reports, police report of the Sponsor or immediate family member, if applicable
- 6) Death Certificate of Sponsor or immediate family member, if applicable
- 7) Travel itinerary, Passport (first and last page with immigration stamping on visa), boarding pass
- 8) Letter from Educational Institution confirming the Academic course details along with the Tuition Fees paid.

**SPONSOR PROTECTION**

- 1) Duly completed Claim Form with Insured's signature
- 2) Photocopy of valid photo identity proof of the Insured
- 3) Letter from Educational Institution confirming the Academic course details along with the complete fee details both paid and unpaid.
- 4) Disability certificate, medical reports, diagnostic test and Hospitalization papers and reports, police report of the Sponsor, if applicable
- 5) Death Certificate of Sponsor, if applicable
- 6) Travel itinerary, Passport (first and last page with immigration stamping on visa), boarding pass.

**LOAN PROTECTION**

- 1) Duly completed Claim Form with signature of Claimant
- 2) Photocopy of valid Photo ID proof of the Insured
- 3) Medical reports giving the details of the Accident
- 4) Death certificate (if applicable)
- 5) Postmortem report, if conducted
- 6) Police report
- 7) Loan Dispatch/Approval Letter

**EDUCATIONAL INSTITUTION -INSOLVENCY/DERECOGNITION**

- 1) Duly completed Claim Form with Insured's signature
- 2) Photocopy of valid photo identity proof of the Insured
- 3) Proof of Insolvency of Educational Institution or derecognition of course
- 4) Recovery from the Educational Institution, if any

**RESIDENTIAL NURSING BENEFIT**

- 1) Duly completed Claim Form with Insured's signature
- 2) Photocopy of valid photo identity proof of the Insured
- 3) Certificate from the Treating Medical Officer mentioning the need for a Qualified Nurse
- 4. Documents as specified for Section 4.1.1 Medical Expenses – Accident & Sickness (as applicable).

**SCHOLARSHIP STUDENT LIVING ALLOWANCE**

- 1) Duly completed Claim Form with Insured's signature
- 2) Photocopy of valid photo identity proof of the Insured
- 3) Proof of scholarship
- 4) Documents as specified for Section 4.1.1 Medical Expenses – Accident & Sickness (as applicable).

**SELF-INFLICTED INJURY**

- 1) Duly completed Claim Form with Insured's / Claimant's signature
- 2) Photocopy of valid Photo ID proof of the Insured
- 3) Copy of Police FIR
- 4) Documents as specified for Section 4.1.1 Medical Expenses – Accident & Sickness (as applicable).

**CANCER PREVENTION SCREENING & MAMMOGRAPHY COVER**

- 1) Duly completed Claim Form with Insured's signature
- 2) Hospitalization papers, previous consultation papers, Medical Practitioner's referral notes for cancer screening and mammographic examination, diagnostic test reports, Prescriptions and pharmacy bills.
- 3) Photocopy of valid photo identity proof of the Insured

**PHYSIOTHERAPY**

- 1) Duly completed Claim Form with Insured's signature
- 2) Photocopy of valid Photo ID proof of the Insured
- 3) Consultation papers, Medical Practitioner's referral notes for Physiotherapy.

**VISION CARE**

- 1) Duly completed Claim Form with Insured's signature
- 2) Photocopy of valid Photo ID proof of the Insured
- 3) Vision test report, consultation paper
- 4) Receipts for expenses incurred for the purchase of spectacles or lenses

**LOSS OF PORTABLE EQUIPMENT**

- 1) Duly completed Claim Form with signature of Insured Person
- 2) Copy of FIR/ Police Report
- 3) Original Invoice of lost item.

**FELONIOUS ASSAULT**

- 1) Duly completed Claim Form with Insured's / Claimant's signature
- 2) Photocopy of valid Photo ID proof of the Insured
- 3) Medical reports giving the details of the Accident
- 4) Death certificate (if applicable)
- 5) Copy of Post-Mortem report in case of Accidental Death
- 6) Police report

**VISA REVOCATION EXPENSES**

- 1) Duly completed Claim Form with Insured's signature
- 2) Letter/ Email of revocation with reason
- 3) Passport copy of the Insured
- 4) Copy of the Visa submitted reference number/ receipt copy
- 5) Copy of confirmed travel ticket
- 6) Details of legal expenses for reinstatement of Visa

**ACCOMMODATION EXTENSION EXPENSES**

- 1) Duly completed Claim Form with Insured's signature
- 2) Letter/ Email from Educational Institution mentioning that Insured has been disenrolled with reason
- 3) Photocopy of valid photo identity proof of the Insured

Note: The Company reserves the right to seek additional documents (including KYC documents) and information as and when necessary for processing of the claim.