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



Call (Toll Free) 1800 22 1111 | 1800 102 1111 www.sbigeneral.in

## TRAVEL INSURANCE (BUSINESS AND HOLIDAY)

Claim Form		
manner dishonest or fraudulent	amount to admission of any liability or a waiver of any of the terms and conditions of the insurance contract. If any nt, or is supported by any dishonest or fraudulent means or devices, whether by the Insured Person/Claimant or any then the benefits under this policy shall be void and all benefits payable under it shall be forfeited.	
Policy No.	Claim No.	
Period of Insurance From	D M M Y Y Y Y To D D M M Y Y Y Y	
A. DETAILS OF INSURED/O	/CLAIMANT	
Name of the Claimant	S U R N A M E	A M E
2. Name 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
3. Relationship with Insured		
4. Date of Birth of Insured	D D M M Y Y Y Y Gender Male 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 Y Y Y  8. Date of Scheduled Return  D D M M Y	YYY
	PENSES, EVACUATION AND REPATRIATION  Accident and Sickness Medical expenses  Repatriation of Mortal Remains  Dental Services	
SECTION: A (i) PERSONAL AC		
	Accidental Death  Details of Permanent Total Disability  Details of Permanent Total Disability	
SECTION: A (ii) TRAVEL SUPP	PPORT	
	Loss of checked Baggage Trip Delay Bail Bond Insurance	
	Delay of checked Baggage Missed connection Hijack Cover	
	Loss of Passport Hospitalisation Daily Allowance Golfer's Hole-In-One	
	Trip Cancellations Emergency Cash Advance Home Burglary Insurance	)
SECTION B - PERSONAL LIAB	BILITY	

Personal Liability

	C. SECTION: A - MEDICAL E	XPE	NSE	S, E	VAC	UAT	101	<b>l</b>																							
1.	When did the disease first mo	anife	st					D	D	М	М	Υ	Υ	Υ	Υ																
	Nature of disease /Injury (please describe briefly)																														
	(piedse describe briefly)		e wh	nen ent St	tarte	Ь		D	D	М	Μ	Υ	Υ	Υ	Υ		e wł		nde	d				D	D	М	М	Υ	Υ	Υ	Υ
				Adm				D	D	Μ	М	Υ	Υ	Υ	Υ	Date								D	D	М	М	Υ	Υ	Υ	Υ
3.	Name of Hospital																														
4.	Name of Doctor	S	U	R	Ν	А	Μ	Е			Μ	1	D	D	L	Е	Ν	А	М	Е			F	I	R	S	Т	N	А	Μ	Е
5.	Address	Plot	No,	/Doo	r No	٠.										Buil	ding	j Na	me												
		Roc	ıd													Are	а														
		City														Pino	code	•													
		Stat	te																												
6.	Contact Number	Pho	ne N	No.												Mol	bile														
НС	OSPITAL EXPENSES (plea	ise s	hov	v ea	ch h	eac	l sep	oarc	ıtely	)																					
Inp	patient expenses			Π											(	Outp	atie	nt ex	pen	ses											
De	ental expenses															Total	Cla	im A	Amo	unt											
			-								ı											1					1				
D	D. REPATRIATION																														
	you are claiming for extra costs rlines, Burial details, Expenses i																					ourio	al ex	pens	es p	leas	e sp	ecif	y the	nam	e of
7.11	miles, bundi details, Expenses i	- Icai	rea	-	,		ucin	urce	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dirai	cutic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	СХР		23 1111	arra	llaci	icu.	31100											
Tot	tal Claim Amount																														
E	E. SECTION: A (i) PERSONA	L A	CCIE	DENT	Г																										
1.	Date & Time of Accident		_	_																											
2.		D	D	Μ	М	Υ	Υ	Υ	Υ	]			:			۸.۸	M. /	P.M.	Plo	ice c	of Ac	cide	nt								
^	Name of Hospital		D	M	M	Y	Y	Υ	Υ				:			] A. <i>h</i>	M. /	P.M.	Plo	ice c	of Ac	cide	ent								
3.	Name of Hospital  Name of Doctor	S	U	R	M	Y	Y	Y	Y		M		: D	D	L	A. <i>N</i>	<b>M</b> . /	P.M.	Plo	E	of Ac	cide	ent F		R	S	T		I A	M	E
		S	U		N	A			Y		M	I		D	L	E		A	М		of Ac	cide		1	R	S	Т	N	I A	M	E
	Name of Doctor	S	U t No.	R	N	A			Y		M	1		D	L	E	N	A	М		of Ac	cide		1	R	S	T		I A	M	E
	Name of Doctor	S	U V	R	N	A			Y		M			D	L	E Buil	N	A No	М		of Ac	cide			R	S	T	N	A A	M	E
	Name of Doctor	S Plot	U U	R	N	A			Y		M			D	L	E Buil	N Iding	A No	М		of Acc	cide			R	S	T	N	A	M	E
4.	Name of Doctor	S Plot Rocc City Star	U U	R //Doo	N	A			Y		M			D	L	E Buil	N Iddino ca	A No	М		of Acc	cide			R	S	T	N N	A	M	E
4.	Name of Doctor Address	Plot Rood City Star Res	U U No	R //Doo	N	A			Y		M			D	L	E Buil Are	N Iddino ca	A No	М		of Ac	cide			R	S	T		A	M	E
<ol> <li>4.</li> <li>5.</li> </ol>	Name of Doctor Address	Plot Rood City Star Res	U U U U T T No and T T T T T T T T T T T T T T T T T T T	R R	N	A	M		Y		M			D	L	E Buil Are	N Iddino ca	A No	М		of Ac	cide			R	S	T		A	M	E
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Name of Doctor Address  Contact Number	Plot Rood City Star Res	t No	R R	N	A A	M		Y		M			D	L	E Buil Are	N Iddino ca	A No	М		of Acc	cide			R	S	T		A	M	E
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Name of Doctor Address  Contact Number  Police report lodged	Plot Rood City Star Res	t No	R R	N	A A	M		Y		M			D	L	E Buil Are	N Iddino ca	A No	М		of Ac	cide			R	S	T		A	M	E
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Name of Doctor Address  Contact Number  Police report lodged Full description of	Plot Rood City Star Res	t No	R R	N	A A	M		Y		M			D	L	E Buil Are	N Iddino ca	A No	М		of Ac	cide			R	S	Т		A	M	E
<ul><li>4.</li><li>5.</li><li>6.</li><li>7.</li></ul>	Name of Doctor Address  Contact Number  Police report lodged Full description of accident cause	Plot Rood City Star Res	t No	R R	N	A A	M		Y		M			D	L	E Buil Are	N Iddino ca	A No	М		of Ac	cide			R	S	T		A	M	E
<ul><li>4.</li><li>5.</li><li>6.</li><li>7.</li></ul>	Name of Doctor Address  Contact Number  Police report lodged Full description of	Plot Rood City Star Res	t No	R R	N	A A	M		Y		M			D	L	E Buil Are	N Iddino ca	A No	М		of Acc	cide			R		T		A	M	E
<ul><li>4.</li><li>5.</li><li>6.</li><li>7.</li></ul>	Name of Doctor Address  Contact Number  Police report lodged Full description of accident cause	Plot Rood City Star Res	t No	R R	N	A A	M		Y		M					E Buil Are	N Iddino ca	A No	М		of Ac	cide			R		T		A	M	E

	<b>MEDICAL CERTIFICATE - T</b>	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 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 DDMMYYYYY  To DDMMYYYYYY
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 Y Y Y Y
	If 'No', please state probable	e date of his / her being able to attend to his normal duties DDMMYYYYY
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	
Со	ntact Details	Phone No.
		E-mail Id
Sig	nature of the Doctor	Date D D M M Y Y Y
Sta	imp of the Doctor	Stamp of the Hospital

	F. SECTION: A(ii) TRAVEL	SUPF	POR	₹ <b>T</b>																									
	I. LOSS OF CHECKED BAG	GAG	<b>E</b> /	DEL	ΑY	OF (	CHE	CKE	D B	٨GG	AG	E																	
			To	otal	loss	s of c	chec	ked	bag	gag	е							De	elay	of c	hecl	ked	bag	gage					
1.	Name of Airline																												
		Fligl	ht N	١о.												From													
																То													
2.	Scheduled departure	Date	е		D	D	М	М	Υ	Υ	Υ	Υ			-	Time			:			A./	M. /	P.M.					
3.	Scheduled arrival	Date	е		D	D	М	Μ	Υ	Υ	Υ	Υ				Time			:			A./	M. /	P.M.					
4.	Actual departure	Date	е		D	D	М	Μ	Υ	Υ	Υ	Υ			-	Time			:			A./	M. /	P.M.					
5.	Actual arrival	Date	е		D	D	М	Μ	Υ	Υ	Υ	Υ			-	Time			:			A./	M. /	P.M.					
6.	Property irregularity report b	y car	rier	atta	che	d												Ye	S		No	)							
7.	Claim lodged on carrier																	Ye	S		No	)							
8.	Police report lodged																	Ye	S		No	)							
9.	Number and description of items lost/purchased																												
		Cos					_	T	T	T						Casta	£ :4.0.0		. مام س			Т	Т			_	_	_	
									<u> </u>				$\frac{1}{1}$			Cost o	Titer	is pi	Irche	Isea							$\vdash$	_	
		loto	ıl Cl	aım	am	ount																							
	II. LOSS OF PASSPORT																												
1.	Date of loss				D	) D	M	N	Y	Y	Y	Y			2	. Poli	ce re	port	lodo	ged							Yes	;	No
3.	Application/documentation	fees														ncider	ntal c	osts											
		Toto	ıl cl	aim	am	ount																							
	W. DID DEL W/TDID CAN	OEL I	۸	10)		1005	<b>D</b> 6	(A) (I)	LE C	<b>-</b> 10	NT.																		
	III. RIP DELAY/ TRIP CAN	CELL	AII	ION	/ M	ISSE	ט כ	ONI	NEC	110	N													1					
			Tr	ip d	elay	,							Trip	ca	ncell	ation								Mi	ssec	l co	nnec	tion	
1.	Name of Airline		L																										
														_	_											_		$\overline{}$	
		Fligh	nt N	Ю.										Ţ		From													
		_			s del	layed	ł								_	From To													
	Scheduled departure	_	of h		de D	layed	i M	M	Y	Y	Y	Y				To Time			:			A./	M. /	P.M.					
3.	Actual departure	No	of h e					M	Y	Y	Y	Y				То			:			] A./	M. /	P.M.					
3. 4.	Actual departure Scheduled arrival	No o	of h e e		D	D	Μ					_			- - - - -	To Time Time						] A./		P.M.					
<ul><li>3.</li><li>4.</li><li>5.</li></ul>	Actual departure Scheduled arrival Actual arrival	No of Date Date Date	of h e e e		D D D	D D D	M M M	M	Y	Y	Y	Y Y			- - - - -	Time Time Time Time			:			A./ A./ A./	M. / M. / M. /	P.M. P.M. P.M.					
<ul><li>3.</li><li>4.</li><li>5.</li></ul>	Actual departure Scheduled arrival	No o	of h e e e		D D	D D	M	M	Y	Y	Y	Y			- - - - -	To Time Time			:			A./ A./ A./	M. / M. /	P.M. P.M. P.M.					
<ul><li>3.</li><li>4.</li><li>5.</li><li>6.</li></ul>	Actual departure Scheduled arrival Actual arrival Departure of	No of Date Date Date	of hee		D D D	D D D	M M M	M	Y	Y	Y	Y Y			- - - - -	Time Time Time Time			:			A./ A./ A./ A./	M. / M. / M. /	P.M. P.M. P.M. P.M.					
<ul><li>3.</li><li>4.</li><li>5.</li><li>6.</li><li>7.</li></ul>	Actual departure Scheduled arrival Actual arrival Departure of connecting flight	No of Date Date Date Date Date	of hee	nours	D D D	D D D D	M M M	M M	Y Y Y	Y Y Y	Y Y Y	Y Y Y			- - - - -	To Time Time Time Time Time		Ye	: :		No	] A./ ] A./ ] A./ ] A./	M. / M. / M. / M. /	P.M. P.M. P.M. P.M.					

Spouse

Insured

10. Person affected

Child

Parent

11. Name of affected person	S U R N A M E M I D D I	_ E N A M E
12.Address of affected person	Plot No/Door No.	Building Name
	Road	Area
	City	Pincode
	State	]
13.Contact Number	Resi. Tel.	Office
	Mobile	]
14. Details of the reason for		
trip cancellation		
15. Details of expenses in case	Sr No.	Expense detail
of trip delay/cancellation	Amount contracted/paid	Amount refunded
	Net loss	Payment receipts
	Refund/no refund letter	Total claim amount
IV. HOSPITAL DAILY ALLOY	VANCE	
Total number of days in hospital and the second secon		Total claim amount
		iotal ciaim ambant
V. EMERGENCY CASH ADV	ANCE	
1. 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
· · · · · · · · · · · · · · · · · · ·		
VI. BAIL BOND		
VI. BAIL BOND  1. Name of Authority	Phone No.	
VI. BAIL BOND	Phone No.	Mobile Mobile
VI. BAIL BOND  1. Name of Authority  2. Contact Details of the detaining authority	E-mail Id	
VI. BAIL BOND  1. Name of Authority  2. Contact Details of the detaining authority  3. The offense for which the in	E-mail Id  sured is in custody:	Mobile
VI. BAIL BOND  1. Name of Authority  2. Contact Details of the detaining authority	E-mail Id  sured is in custody:	
<ol> <li>VI. BAIL BOND</li> <li>Name of Authority</li> <li>Contact Details of the detaining authority</li> <li>The offense for which the ir</li> <li>Is this offense bailable as person</li> </ol> VII. HACK COVER	E-mail Id  sured is in custody:	Mobile Yes No
<ol> <li>VI. BAIL BOND</li> <li>Name of Authority</li> <li>Contact Details of the detaining authority</li> <li>The offense for which the ir</li> <li>Is this offense bailable as per</li> </ol>	E-mail Id  sured is in custody:	Mobile
<ol> <li>VI. BAIL BOND</li> <li>Name of Authority</li> <li>Contact Details of the detaining authority</li> <li>The offense for which the ir</li> <li>Is this offense bailable as person</li> </ol> VII. HACK COVER	E-mail Id  sured is in custody:	Mobile Yes No
<ol> <li>VI. BAIL BOND</li> <li>Name of Authority</li> <li>Contact Details of the detaining authority</li> <li>The offense for which the interest of the detaining authority</li> <li>Is this offense bailable as permitted the property of the detail o</li></ol>	E-mail Id  sured is in custody:	Mobile  Yes No  Port of Hijack
<ol> <li>VI. BAIL BOND</li> <li>Name of Authority</li> <li>Contact Details of the detaining authority</li> <li>The offense for which the ir</li> <li>Is this offense bailable as permitted.</li> <li>Name of Carrier</li> <li>Carrier flight Number</li> </ol>	E-mail Id  assured is in custody:  er the laws of the country?	Mobile  Yes No  Port of Hijack Port of Release
<ol> <li>VI. BAIL BOND</li> <li>Name of Authority</li> <li>Contact Details of the detaining authority</li> <li>The offense for which the interest of the detaining authority</li> <li>Is this offense bailable as permitted.</li> <li>Name of Carrier</li> <li>Carrier flight Number</li> <li>Date and Time of Hijack</li> </ol>	E-mail Id  sured is in custody:  er the laws of the country?  From DDMMYYYYY  To DDMMYYYYY	Mobile  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  VIII. GOLFER'S HOLE IN O	E-mail Id  Insured is in custody:  Per the laws of the country?  From DDMMYYYYY  To DDMMYYYYY  NE	Mobile  Yes No  Port of Hijack  Port of Release  at : Hours  at : Hours
<ol> <li>VI. BAIL BOND</li> <li>Name of Authority</li> <li>Contact Details of the detaining authority</li> <li>The offense for which the interest of the detaining authority</li> <li>Is this offense bailable as permitted.</li> <li>Name of Carrier</li> <li>Carrier flight Number</li> <li>Date and Time of Hijack</li> </ol>	E-mail Id  sured is in custody:  er the laws of the country?  From DDMMYYYYY  To DDMMYYYYY	Mobile  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  VIII. GOLFER'S HOLE IN O	E-mail Id  assured is in custody:  er the laws of the country?  From DDMMYYYYY  To DDMMYYYYY  NE	Mobile  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 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 O  1. Date of achievement  IX. HOME BURGLARY INSU	E-mail Id  assured is in custody:  er the laws of the country?  From DDMMYYYYY  To DDMMYYYYY  NE	Mobile  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  7. Name of Carrier  7. Carrier flight Number  7. Date and Time of Hijack  7. Date of achievement  7. Date of achievement  7. Name	E-mail Id  assured is in custody:  er the laws of the country?  From DDMMYYYYY  To DDMMYYYYY  NE  DDMMYYYYY  JRANCE	Mobile  Yes No  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 O  1. Date of achievement  IX. HOME BURGLARY INSU	E-mail Id  sured 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  NE  D D M M Y Y Y Y  JRANCE  Plot No/Door No.	Mobile  Yes 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 integrated the detaining authority  4. Is this offense bailable as performed to the performance of the perform	E-mail Id  assured is in custody:  er the laws of the country?  From DDMMYYYYY  To DDMMYYYYY  NE  DDMMYYYYY  JRANCE	Mobile  Yes No  Port of Hijack Port of Release  at : Hours at : Hours Total claim amount

	Date	of los	ss	D	D	M	Υ	Υ	Υ	Υ		Los	s dis	cove	red	by [											
3. Contents of home	Loss							T				Da	mag	е													
	Both	T									T				Ī												
4. Detailed circumstances of the loss						•				•	•	•			•	•	'										
5. Report lodged with police		Yes		☐ No	)		lf r	enc	orted.	by w	hon	, [															
Reason for not reporting										<i>Dy 11</i>		·								<u> </u>							
, 3																											
	Sr No	). <u> </u>										Los	s det	ails													
	Loss/	damo	age									Esti	mate	ed co	st o	f los	s [										
7. Details of any other insuran	ce to c	over f	for th	ne pro	perty																						
G. SECTION B: PERSONAL	LIABI	LITY																									
1. Date of Incidence	D	D /	M	M Y	Υ	Y	Tin	ne			:		A.A	1. / F	М.	Pla	ce c	f In	cide	nce							
Nature and detail facts of Claim being made																											
3. Court where the case		T									T																
<ul><li>is being pursued</li><li>4. Total Amount of award incl</li></ul>	udina (	Claim	ant (	Cost							Ť																
statement, suppression or conc forfeited. I also consent and aut attended on the person against making any supplementary clair the amount in full discharge of y claim under this policy being ma	norize T whom t n excep our ob	TPA/in this cla ot the ligatio	nsuro aim i pre/ ons u	ance c is mad post-h inder t	ompa le. I he ospita the po	ny, to sereby delization	eek no eclare n clair the Ins	ece the ns, sure	ssary at I ho if any ed Po	med ave in (for i	cal cluc nde	inform led all mnity ¡	atior the b polici	n/dod ills/r es or	cume ecei nly).	ents ots fo I/We	fron or th also	an e pu he	y ho irpo: reby	spito se of dec	al/Me this lare t	edico clair hat	al Pr m ar I an	actiti nd th n/we	one at I v are c	who will no accep	o has ot be oting
Place			Τ																								
Date: D D M M Y Y	Y	Υ								Signo	atur	e of Cl	aimo	ınt/Ir	sure	ed _											
H. PAYEE DETAILS [Payab	e to N	omin	ee (³	<sup>k</sup> All fie	elds ar	e man	dator	y)]																			
Bank Name													] <sub>B</sub>	ank	Brai	nch											
Bank Account No.													1	SC													
MICR No.		Ť	Ť							Ť			]	'AN I													
Note: It is agreed that the Pa	,						_					,		-										can	celle	d che	eque
I. ANY OTHER INFORMA									)(][IK '	וככטוי	nt tr	nrouan	chen	iue t	ne r		u	اک، ، د				uire	1.				
		•							ourik (	accou	nt tr	rough	cheq	jue, t	ne c				que	13 110	лтсч	uire	J.				
		•							DUTIK (	accou	nt th	nrough	cheq	jue, t	ne c				que	is ric	итец	uire	J.				
		•							Darik (	accou	nt th	nrough	cheq	jue, t	ne c					13 110	n req	uire	J.				
I/We, above named hereby auth examined the insured, to disclos information including any medi- instruction on my / our behalf.	orise and e when cal reco	ny hoan requestres o	spita spita uester	l, phys d to do	sician, o so by	Police SBI Genforme	& stateneral	ruto Ins A pl	ory au urano hotoc	thorit ce Co	ies, Ltd f thi	releva I. or its s auth	nt wit perm orisat	ness nitted tion s	es a I and	nd/aut	or rel hori	sed dere	es or repr	r oth reser s effe	er pe ntativ	ersor es, de	n wh any o	and o lid as	ıll orig	inal	
examined the insured, to disclos information including any medi	orise and e when cal reco	ny hoan requestres of the best redected and the second sec	spita ester or oth st of a	I, physid to do er releasemy/ou	sician, o so by evant in r know	Police SBI Genforma	& stateneral attion.	ruto Ins A pl	ory au urand hotoc	thorit ce Co copy c	ies, Ltd f thi	releva . or its s auth	nt wit perm orisat	eness nitted tions	es a I and Shall	nd/a d aut be c	or rel hori consi	sed dere	es or repr ed a	r oth reser s effe	er pe ntativ ective	rsor es, de and	n wh any o d va and	and o lid as I/We	ıll orig agr	inal ee th	at if
examined the insured, to disclos information including any medi- instruction on my/our behalf. I/We, the above named, do here I/We have made, or make in any	orise and e when cal reco	ny hoan requestres of the best redected and the second sec	spita ester or oth st of a	I, physid to do er releasemy/ou	sician, o so by evant in r know	Police SBI Genforma	& stateneral attion.	ruto Ins A pl	ory au urand hotoc	thorit ce Co copy c rrant	ies, Ltd fthi the t	releva . or its s auth	nt wit perm orisat f the f	ness nittec tion s foreç cider	es a I and Shall oing	nd /d d aut be c g sta	or rel hori consi teme	sed dere ents or fro	es or repr ed a in e	r oth esser s effo very	er pe ntativ ective resp	rsor res, c e an ect;	n wh any o d va and nt, c	and o lid as I/We r any	ıll orig agr sup	inal ee th	at if

## 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 payment receipts	Copy of return tickets
For expenses of transportation due to medical reasons, you also need to attach a medical statement from the doctor indicating:	Loss of Checked Baggage
Cause of illness	Claim Form duly filled & signed
Reason for necessity of the transportation	Copies of boarding Pass/Ticket/Baggage Tags
All original bills	Copies of correspondence with the Airline authorities/others 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 authorities
Personal Accident- Death	
Claim Form duly filled & signed	Delay of Checked Baggage
Claim Intimation	Claim Form duly filled & signed
Police Copy	Copies of boarding Pass/Ticket/Baggage Tags
Copy of FIR (First Information Report) /	Copy of passport, visa with entry and exit stamp
Spot Panchnama / Inquest Panchnama	Copies of correspondence with the Airline authorities/others
Death Certificate	certifying the delay of checked baggage
Death Summary	Property Irregularity Report (PIR - a written proof from the carrier) from the Airline authorities stating the period of delay
Post Mortem Report	Original bills/receipts/invoices for any necessary emergency
Original Legal Heir Certificate (in case nomination has not been filed by deceased	purchases like toiletries, medication and clothing (If incurred)  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
·	Please attach confirmation from the airlines, clearly menti-
Claim Form duly filled & signed	oning the scheduled arrival time and the actual arrival time
Claim Intimation Police Copy	Copy of passport, visa with entry and exit stamp, Boarding 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	
Government Authority	Claim Form duly filled & signed  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  Any other relevant document	All the bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the
7-iny other relevant document	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

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