

HDFC ERGO General Insurance Company Limited



Overseas Travel Insurance Claim Form

(To be filled in by the Insured Policyholder or Insured's Representative duly authorised by Power of Attorney. Issuance of this claim form is not to be taken as an admission of liability. Please attach all bills, receipts, credit card slips pertaining to your claim).

Please contact our 24x7 helpline in respect to any claims settlement request. Contact Details for Travel Claims.

International Toll free No - + 800 08250825 (When dialing from abroad) Email ID - travelclaims@hdfcergo.com	Landline - + 91 - 120 - 4507250 (Chargeable) (When dialing from India)
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POLICY/CERTIFICATE NO. _____ Period from: ___/___/___ to ___/___/___

Passport No _____ Trip Destination _____ Claims Ref No _____

DETAILS OF INSURED

Name: _____

Date of Birth: _____ Sex Male Female

Current Address: _____

Phone No. (Res) _____ Email Id. _____

Permanent Address: _____

Phone No. (Off) _____ Phone No. (Res) _____

Does the insured have any other Health/Accident or Travel Insurance? If yes, please give details below:

Name of Insurer: _____ Policy Number: _____

Date trip commenced ___/___/___ Schedule date of return ___/___/___

CLAIMANT INFORMATION (If different than "Insured Information" above, Name and Age of each person included in the claim)

Name: _____ Date of Birth: _____

Claimant's Address _____

Phone No. (Off) _____ Phone No. (Res) _____ Relationship with the Policyholder: _____

In what capacity are you making this claim? _____

Please indicate whether claim is in respect of (Tick Boxes)

- Accidental Death Permanent Disablement Emergency Medical Expenses & Medical Transport/Evacuation Emergency Dental Benefits Hospital Cash - Accident Only
 Body Repatriation (Related to Death Cover) Emergency Travel Expenses for Family Members Emergency Travel Expenses for Replacement Colleague Emergency Hotel Extension
 Emergency Hotel Accommodation Loss of Baggage & Personal Documents Loss of Checked in Baggage Delay of Checked in Baggage Flight Delay Hijacking
 Trip Cancellation (Cancellation of to & Fro Journey) Trip Interruption (Cancellation of Return Journey) Personal Liability Loss of Cash Other (Pls specify)

AUTHORIZATION

I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the insured to release any information requested regarding this claim and the loss reported. I understand this information will be used by HDFC ERGO General Insurance, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

I also authorise services provider of HDFC ERGO to obtain any medical records or information to process this claim.

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

I/We hereby understand, declare, consent and authorise the Company that personal health details, medical history and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

PLACE _____ DATE ___/___/___

SIGN (Claimant or authorized person)

N.B. Please complete appropriate section of Claim Form and read carefully the instructions relating to supporting documents required. When completed please sign declaration above

Section A – Accidental Injury Form (Claimant's Statement)

Date of accident ___/___/___ Time _____ Place of Accident _____

Please describe in detail the circumstances of accident (attach separate sheet if needed)

Please describe the nature of Insured's injuries

Please list the names and addresses of all treating physicians and hospitals:

Name	Street Address	City	State	Pin Code	Phone

Did police or other authorities investigate the accident? ____ If yes, please provide name, address and telephone number of all investigating officers and agencies:

Section B - Accidental Injury/Emergency Medical Expenses/Emergency Dental Expenses (Insured's Statement)

Name/Nature of Sickness or Injury: _____

Date of Sickness/Injury ____/____/____ Place of Sickness/Injury: _____

Circumstances of Sickness/Injury? _____

Type of claim - cashless reimbursement both

Please list the names and addresses of all treating physicians and hospitals:

Name	Address	Phone No.	Admitted on	Discharged on

Details of Claimed Expenses	Amount Charged in local currency (which currency)	Has bill been paid by you? Yes/No
Total		

Section C – Accidental Injury /Medical Expenses Claim /Dental Expenses (Attending Physician's Statement)

Date of accident/sickness ____/____/____ Date of first treatment ____/____/____ Yes/No

Please describe in detail the nature of the Insured's injuries

Was the Insured hospitalized? _____ If yes, please list the names and addresses of all hospitals and all admission/discharge dates

Did the Insured have any injury or illness prior to the accident that contributed to the accident or to the Insured's present condition? If yes, please describe

Were any surgical procedures performed? _____ If yes, please list all procedures, and dates performed

What are the Insured's current subjective symptoms?

What are the objective findings? (please include results of current x-rays, lab tests, etc.)?

Dates of total disability From ____/____/____ To ____/____/____ Dates of total partial From ____/____/____ To ____/____/____

Date Insured able to return to work ____/____/____

Was the Insured seen by any other physician? _____ If yes, please list the names and addresses of all other physicians

ATTENDING PHYSICIAN INFORMATION

Name of Attending Physician _____

Address _____

Phone _____

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud

PLACE _____ DATE ____/____/____

SIGN (Attending Physician)

Section D - Checked Baggage Loss/ Baggage Delay/ Baggage and Personal Document Loss Information

Date of loss, damage or delay ____/____/____

Time of day _____a.m _____p.m

Total Delay in hours: _____

Please describe in detail where and how the loss, damage or delay occurred

Please describe in detail the nature and extent of loss, damage or delay

Was loss, damage or delay occurred while insured property was on or in the custody of a common carrier (e.g., railroad, airline, cruise ship, bus, taxi, etc.) ? Yes No

If yes, please complete the following

Name of carrier: _____ Flight, trip or tour number: _____

Was the carrier notified at the time of loss or damage? Yes No

If yes, please identify where, when and to whom (name and title) notification was given

Was extra valuation of the property declared? _____ If yes, how much? _____

Was the baggage checked at the time of loss or damage? Yes No

If yes, please enclose claim check

Has formal claim been filed against the carrier? Yes No

If yes, has payment been made to you? Yes No If yes, amount received? _____

Do you have any other insurance that may provide coverage for this accident or loss? Yes No

If yes, please identify the name, address and policy number of all other insurance including Homeowners Travel club, credit card etc

Has the claim been filed? Yes No

If yes, what is the current status of that claim?

Was loss reported to police or other authorities? Yes No

If yes, please identify where, when and to whom (name and title) loss was reported

Case # _____

Valuation of lost and/or damage property

Sr. No	Description	Date and place of Purchase	Original Cost	Replacement Cost or Estimated	Amount Claimed
1.					
2.					
3.					
4.					
5.					
6.					
7.					

(attach bills of sale, receipts or estimates)
Are any claims items used in your business/ occupation or profession? _____. If yes, identify the items by * above

- 1) Attached Claim Form (Page 1,2 with Section D) duly completed and signed by the Insured.
- 2) Original Property Irregularity Report (PIR) from airlines.
- 3) Claim form submitted to airlines, mentioning the details items lost/ damaged, with their respective cost. (Mandatory)
- 4) Baggage Loss/ Damage Report OR letter from airlines OR any other document from airlines confirming the loss of items.
- 5) Copies of Boarding Pass, Ticket and Baggage tags.
- 6) Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India.
- 7) Details of Compensation received from Airlines If Any.
- 8) Original Bills/ Receipts for the items lost.
- 9) Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code .
- 10) Employee Id card copy(For corporate policies only)

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud

PLACE _____ DATE ____/____/____

SIGN (Claimant or authorized person)

Section E - Flight Delay/ Flight Cancellation Claim Information

Name of the common carrier _____

Flight No: _____ From ____/____/____ To ____/____/____ a.m./ p.m.

Please describe in detail the nature and extent of loss, damage or delay

Total delay in hours: _____

Was loss, damage or delay occurred while insured property was on or in the custody of a common carrier (e.g., railroad, airline, cruise ship, bus, taxi, etc.) ? Yes No

If yes, please complete the following

Name of carrier: _____ Flight, trip or tour number: _____

Was the carrier notified at the time of loss or damage? Yes No

If yes, please identify where, when and to whom (name and title) notification was given

Was extra valuation of the property declared? _____ If yes, how much? _____

Was the baggage checked at the time of loss or damage? Yes No

If yes, please enclose claim check

Has formal claim been filed against the carrier? Yes No

If yes, has payment been made to you? Yes No If yes, amount received: _____

Do you have any other insurance that may provide coverage for this accident or loss? Yes No

If yes, please identify the name, address and policy number of all other insurance including Homeowners/Travel club, credit card etc

Has the claim been filed? Yes No

If yes, what is the current status of that claim? _____

DETAILS OF EXPENDITURE INCURRED

Sr. No	Description	Date	Place	Amount
1.				
2.				
3.				
4.				
5.				
6.				
Total				

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud

PLACE _____ DATE ____/____/____

SIGN (Claimant or authorized person)

Claims not falling in the above mentioned sections

Type of claim: _____

Incidence of claim description: _____

Place of loss _____ Date of loss ____/____/____ Claimed amount _____

Claim Number: _____ Policy Number: _____

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

PLACE _____ DATE ____/____/____

SIGN (Claimant or authorized person)

HDFC ERGO General Insurance Company Limited



Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment Cheque Fund Transfer

(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code

Email address

Attachments

In Support of Bank Details

(Please tick the type of proof submitted)

Cancelled Cheque

Bank Passbook Copy

Original cancelled cheque with payee name printed on the cheque is required. If name of payee is not printed on the cheque please attach copy of the first page of bank passbook

Declaration: I Mr./ Mrs/ Ms. _____
undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary
Stamp Required in case of Company

Date:

Travel Insurance - Claim Document Checklist

(Additional documents if required will be requested by the insurer)

*Photocopy of Aadhaar Card/ Aadhaar card number is required for all claim

Checked Baggage Loss (Including Baggage Damage)

- Duly filled and signed Claim Form
- Investigation Reports and other related documents reflecting Critical Illness diagnosis
- NEFT details for payment: Copy of cancelled cheque in the name of Payee (proposer/nominee) or bank statement/ 1st page of passbook copy attested by bank
- For all claims amounting 1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer/nominee) - Aadhaar card, Passport, Driving license, Voter ID, etc
- Copy of discharge card /death summary
- Outstanding loan statement from financier

Baggage Delay

- Claim Form (Page 1,2 with Section D – duly completed and signed by the Insured
- Original Property Irregularity Report (PIR) mentioning the date and time of loss
- Letter from airlines mentioning the duration for which baggage delay has taken Place or any other document suggestive of proof of period for which baggage delay has taken place. (Mandatory)
- Copies of Boarding Pass, Ticket and Baggage tags
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India.
- Original Bills/Receipts/Invoices for the necessary emergency purchases of toiletries, medication and clothing that he/she needed to buy during the period of baggage delay.(Mandatory)
- Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code¹⁰) Employee Id card copy (For corporate policies only)
- As per IRDA rule as on 14 June 2017, please send us scanned copy of Aadhaar card

Please Note: Claim payment can be made only against the receipts for expenses directly resulting from baggage delay

Loss of Baggage & Personal Documents

- Claim Form (Page 1, 2 with Section D) duly completed and signed by the Insured
- Original FIR Report to be obtained from the relevant police authority in the event of loss or theft
- Copy of the old passport of the employee, if available. (In case of loss of passport)
- For claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance.
- Original embassy receipts OR Passport office Receipts for the replacement of Passport. (In case of loss of passport)
- Emergency travel certificate. (In case of loss of passport)
- Copy of the new passport. (In case of loss of passport)
- Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code
- Employee Id card copy (For corporate policies only)
- As per IRDA rule as on 14 June 2017, please send us scanned copy of Aadhaar card

Flight Delay

- Claim form (Page 1 with Section E is mandatory) duly completed and signed by the claimant
- Invoices related to List of essential purchases made, such as meals, refreshments or other related expenses directly resulting from the flight delay. (mandatory)
- Confirmation letter from the airlines clearly stating the duration and the reason for flight delay (Mandatory)
- Copies of Boarding Pass, Ticket
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India
- Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code
- Employee Id card copy (For corporate policies only)
- As per IRDA rule as on 14 June 2017, please send us scanned copy of Aadhaar card

Please Note: Claim payment can be made only against the receipts for expenses directly resulting from flight delay.

Trip Cancellation

- Claim form (Page 1 with Section E is mandatory) duly completed and signed by the claimant
- Letter from insured mentioning the reason of trip cancellation with related proof
- Proof of travel and accommodation expenses made in advance for the trip
- Details of refundable amount from the airlines for travel tickets
- Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code
- Employee Id card copy (For corporate policies only)
- As per IRDA rule as on 14 June 2017, please send us scanned copy of Aadhaar card

Loss of Cash

- Claim form (Page 1 & 4) duly completed and signed by the claimant
- Original/Photo Copy of FIR Report to be obtained from the relevant police authority in the event of loss or theft. This is a written proof confirming that the loss has occurred due to theft.
- Documentation of Cash withdrawal/Travelers cheques, occurring within seventy-two (72) hours of the commencement of an Insured Journey that supports the amount of the claim.
- Details of refundable amount from the airlines for travel tickets
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India.
- Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code
- Employee Id card copy (For corporate policies only)
- As per IRDA rule as on 14 June 2017, please send us scanned copy of Aadhaar card

As per IRDA rule, please fill attached KYC form (all mark * are mandatory) and submit self signed KYC documents as per checklist mention in form, along with recent passport size photograph. The KYC form should be provided/submitted in the name of the payee.

Total claim amount on claim form with details of items purchased

Study interruption

- Claim form (Page 1 & 4) duly completed and signed by the claimant
- Mothers death certificate
- Id proof mentioning mothers name confirming relation with Insured.
- Payment proof of Tuition fees.
- Proof of refundable amount from the Institution / College
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India.
- Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code
- A letter from Institution / College confirming Study interruption
- As per IRDA rule as on 14 June 2017, please send us scanned copy of Aadhaar card

Emergency Medical Expenses

- Claim form duly completed (Page 1, 2 with Section B, Section C-mandatory)
- Consultation note or Emergency Room's doctor medical report/in IPD treatment discharge summary
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India
- Payment receipt for all invoices OR any other document suggestive of payment made to the hospital
- Insured's Indian Bank Cancelled cheque copy or Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code
- Employee Id card copy (For corporate policies only)

As per IRDA rule, please fill attached KYC form (all mark * are mandatory) and submit self signed KYC documents as per checklist mention in form, along with recent passport size photograph. The KYC form should be provided/submitted in the name of the payee.

As per IRDA rule as on 14 June 2017, please send us scanned copy of Aadhaar card

Accidental Death

- Claim form (Page 1, 2, Section A, Section C) duly filled & signed by the treating doctor.(Mandatory Document)
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary. (Mandatory Document)
- Copy of the passport showing the date of entry journey from India
- All relevant Original Invoices for the expenses incurred
- Receipt OR Any other document suggestive of payment made to the hospital
- Postmortem Report or Coroner's Report
- Death Certificate.
- Final police inspection report.
- Employee Id card copy (For corporate policies only)
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format

Permanent Disablement

- Claim form (Page 1, 2, Section A, Section C) duly filled & signed by the treating doctor.(Mandatory Document)
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India
- All relevant Original Invoices for the expenses incurred
- Receipt OR any other document suggestive of payment made to the hospital
- Letter from treating doctor mentioning the reason for disablement and confirming the disablement
- Employee Id card copy (For corporate policies only)
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format

Emergency Medical Expenses - Accident Only

- Claim form duly completed (Page 1, 2, with Section A, Section B, Section C-mandatory)
- Consultation note or Emergency Room's doctor medical report
- Relevant treatment papers or Discharge Summary
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India
- All relevant Original Invoices for the expenses incurred
- Payment receipt for all invoices OR any other document suggestive of payment made to the hospital
- Police FIR report, if applicable
- Insured's own Indian bank cancelled cheque copy and bank details in attached format
- Employee Id card copy (For corporate policies only)

Emergency Travel Benefits

- Claim form (Page 1, 2 with Section B, Section C -mandatory) duly completed and signed by the claimant
- A covering letter mentioning the details of loss
- Proof of expenses made for emergency travel to nearest medical facility available in visiting country
- First consultation note of the doctor, mentioning the medical problem and severity
- Copy of the passport showing the date of entry to visiting country from India
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Please note: To avail these benefits (if mentioned in travel certificate) immediate contact should be made to Assistance Service Provider, before any such arrangements being made

Emergency Medical Transport / Medical Repatriation

- Claim form (Page 1, 2 with Section B, Section C-mandatory) duly completed and signed by the claimant
- A covering letter from claimant mentioning the details of loss
- First consultation note of the doctor, mentioning the medical problem and severity
- Proof of expenses made for return journey and air tickets
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy(For corporate policies only)

Please note: To avail these benefits (if mentioned in travel certificate) immediate contact should be made to Assistance Service Provider, before repatriation

Body Repatriation

- Claim form (Page 1,2 with Section A,B,C, whichever applicable) duly completed and signed by the claimant
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Copy of the passport showing the date of entry journey from India
- Postmortem Report or Coroner's Report
- Death Certificate
- Final police inspection report
- All relevant Original Invoices for the expenses incurred to take the corpse to India
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Please note: To avail these benefits (if mentioned in travel certificate) immediate contact should be made to Assistance Service Provider, before any such arrangements being made

Emergency Travel Expenses for Family Member

- Attached Claim form (Page 1,2 with Section A,B,C, whichever applicable) duly completed and signed by the claimant
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Letter from treating doctor mentioning the severity of medical problem.
- Proof of date of admission and discharge date from the hospital.
- Copy of the insured's passport showing the date of entry journey from India.
- Original air travel itinerary with proof of expenses made towards it by family member of insured.
- Copy of family member's passport with entry - exit date related to journey (to & fro) from India.
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Emergency Travel Expenses for Replacement Colleague

- Claim form (Page 1, 2 with Section A, B, C, whichever applicable) duly completed and signed by the claimant
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Letter from treating doctor mentioning the severity of medical problem
- Proof of date of admission and discharge date from the hospital
- Copy of the insured's passport showing the date of entry journey from India
- Original air travel itinerary with proof of expenses made towards it by replacement colleague
- Copy of replacement colleague's passport with entry - exit date related to journey (to & fro) from India.
- Letter from employer with brief description of project and its current stage, names of previous employees working on it in visiting country, name and necessity of replacement colleague for the project
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Emergency Travel Expenses for an Insured Person's Child:

- Claim form (Page 1, 2 with Section A, B, C, whichever applicable) duly completed and signed by the claimant
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Letter from treating doctor mentioning the severity of medical problem.
- Proof of date of admission and discharge date from the hospital.
- Copy of the insured's passport showing the date of entry journey from India.
- Original air travel itinerary with proof of expenses made towards it for the child of insured.
- Copy of child's passport with entry - exit date related to journey (to & fro) from India.
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Contingency Travel Benefits (Coffin Expenses)

- Attached Claim form (Page 1, 2 with Section A, B, C, whichever applicable) duly completed and signed by the claimant
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Copy of the passport showing the date of entry journey from India
- Postmortem Report or Coroner's Report
- Death Certificate
- Final police inspection report
- All relevant Original Invoices for the expenses incurred to take the corpse to India
- Notice from regulatory authority mentioning the necessity to take the corpse in coffin
- Proof of expenses made towards coffin
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Please note: To avail these benefits (if mentioned in travel certificate) immediate contact should be made to Assistance Service Provider, before any such arrangements being made

Emergency Hotel Accommodation. (For insured's family member)

- Claim form (Page 1, 2 with Section A, B, C, whichever applicable) duly completed and signed by the claimant
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Proof of date of admission and discharge date from the hospital
- Copy of the insured's and family member's passport showing the date of entry journey from India
- Proof of expenses made towards emergency hotel accommodation by family member of insured
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Emergency Hotel Extension (For insured)

- Claim form (Page 1, 2 with Section A, B, C, whichever applicable) duly completed and signed by the claimant
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary
- Proof of date of admission and discharge date from the hospital
- Copy of passport showing the date of entry journey from India
- Copy of travel itinerary of extended travel date due to medical problem
- Proof of expenses made towards emergency hotel accommodation by insured
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Legal Assistance following an automobile Accident (Covered under Contingency Travel Benefits (Legal Assistance))

- Claim form (Page 1, 2 with Section A) duly completed and signed by the claimant
- Copy of legal notice to insured for any accident involving motor vehicle
- Copy of the passport showing the date of entry journey from India
- Proof of expenses incurred for availing legal assistance in visiting country
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Please note: To avail these benefits (if mentioned in travel certificate) immediate contact should be made to Assistance Service Provider, before any such arrangements being made

Accidental Death - Common Carrier

- Claim form (Page 1, 2, Section A, Section C) duly filled & signed by the treating doctor. (Mandatory Document)
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary. (Mandatory Document)
- Copy of the passport showing the date of entry journey from India
- All relevant Original Invoices for the expenses incurred
- Receipt OR Any other document suggestive of payment made to the hospital
- Death certificate
- Final police investigation report
- Postmortem Report or Coroner's Report
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Permanent Disablement - Common Carrier

- Claim form (Page 1, 2, Section A, Section C) duly filled & signed by the treating doctor. (Mandatory Document)
- Consultation Note OR Emergency Room's doctor medical report OR Relevant Treatment Papers OR Discharge Summary. (Mandatory Document)
- Copy of the passport showing the date of entry journey from India
- All relevant Original Invoices for the expenses incurred.
- Postmortem Report or Coroner's Report
- Death Certificate
- Final police investigation report
- Letter from treating doctor, mentioning the cause of death if death occurred after a long period from the date of incident
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

Hospital Cash - Accident Only

- Claim form duly completed (Page 1, 2 with Section A, Section C-mandatory)
- Consultation note or Emergency Room's doctor medical report
- Relevant treatment papers or Discharge Summary
- Proof of date of admission and discharge date from the hospital
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No., A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)

HOSPITAL CASH – ACCIDENT & SICKNESS

- Claim form duly completed (Page 1, 2 with Section B, Section C-mandatory)
- Consultation note or Emergency Room's doctor medical report
- Relevant treatment papers or Discharge Summary
- Proof of date of admission and discharge date from the hospital
- Copy of 1st and last page of passport along with Visa stamp of entry and exit related to journey (to & fro) from India.
- Insured's Indian Bank Cancelled cheque copy OR Bank Account statement with A/c No, A/c holder name, Branch name and IFSC code and bank details in attached format
- Employee Id card copy (For corporate policies only)