



Overseas Travel Insurance Claim Form

(To be filled in by the Insured Policyholder or Insured’s Representative duly authorized 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)

N.B. Please contact our 24-hour helpline on Ph: +911141898800, Fax: +911141898801.

E-Mail: hdfcergo@internationalsos.com Failure to call our Assistance Provider on 24-hour helpline, in respect of Medical Accident & Sickness Claims may invalidate your claim.

POLICY/CERTIFICATE NO	Period from:	to:
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DETAILS OF INSURED

Name _____ Date of Birth ____/____/____ Sex: M / F

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 _____ Amount (Rs) _____

Date trip commenced ____/____/____ Schedule date of return _____

Passport No _____ Trip Destination _____

Claims Ref No _____

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

Name _____ Date of Birth _____ Relationship with the Policyholder _____

Claimant’s Address _____ Phone No. (Off) _____

_____ Phone No. (Res) _____

In what capacity are you making this claim?



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

Accidental Death	<input type="checkbox"/>	Permanent Disablement	<input type="checkbox"/>	Emergency Medical Expenses	<input type="checkbox"/>
Emergency Dental Treatment	<input type="checkbox"/>	Hospital Cash	<input type="checkbox"/>	Checked Baggage Loss	<input type="checkbox"/>
Loss of Baggage & Personal Documents	<input type="checkbox"/>	Baggage Delay	<input type="checkbox"/>	Trip Cancellation/Interruption	<input type="checkbox"/>
Personal Liability	<input type="checkbox"/>	Flight Delay	<input type="checkbox"/>	Any Other	<input type="checkbox"/>

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 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 authorize International SOS 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.

SIGNED (Claimant or authorized person) _____ **PLACE** _____ **DATE** ___/___/___

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 F: Baggage Protection/ Baggage Delay

CLAIM INFORMATION

Date of loss, damage or delay ____/____/____ Time of day _____ a.m. p.m.

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.)? If yes, please complete the following:

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

Was the carrier notified at the time of the loss or damage? ____ If yes, please identify where, when and to whom (name and title) notification was given: _____

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

Was baggage checked at the time of loss or damage? _____ If yes, please enclose claim check _____

Has formal claim been filed against the carrier? _____

If yes, has payment been made to you? _____ If yes, amount received? _____

Do you have any other insurance that may provide coverage for this accident or loss? _____ If yes, please identify name, address and policy number of all other insurance including homeowners, travel club, credit cards, etc.: _____

Has a claim been filed? _____ If yes, what is the current status of that claim? _____

Was loss reported to police or other authorities? _____ If yes, please identify where, when and to whom (name and title) loss was reported: _____ Case # _____

Valuation of lost and / or damaged property				
Description	Date and place of purchase	Original Cost	Replacement Cost or Estimate	Amount Claimed
1				
2				
3				
4				



5				
6				
7				
8				

(attach bills of sale, receipts or estimates)

*Are any claims item used in your business, occupation or profession? _____ If yes, identify the item(s) by * above*



DISCHARGE VOUCHER

Claim Number: _____ Policy Number: _____

We here by discharge HDFC ERGO General Insurance Company on any future liability on the claim; upon receipt of sum of Rupees _____ From HDFC ERGO General Insurance Company Ltd. as full and final settlement.

Please affix
Revenue stamp
if the Amount
Exceeds
Rs.500/-

Authorized Signatory with Name

Date

Company Stamp

*** Please note on receipt of this Discharge Voucher, HDFC ERGO General Insurance Company Ltd. shall dispatch the claim cheque to you***