TRAVEL CLAIM FORM (OTHER THAN MEDICAL EXPENSES)

Reply received from the relevant authorities.



FOR OFFICE USE ONLY ____ Claim Number : _ Issuing office :_ Date of Issue : __ THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY Please ensure that all questions are answered in Capital Letters Policy Number **INSURANCE DETAILS** Name of the Insured Address for Correspondence City Telephone (Land Line No.) Pincode Mobile LOSS OF BAGGAGE AND / OR PASSPORT Date of the Loss Time of Loss |H|H|M|M \square AM \square PM D D M M Y Y Y Y Place of Loss (Country/City/Area) Circumstances of loss Was the loss reported to the Police? ☐ YES ☐ NO If 'Yes' please give the address of the Police Station. If 'No' please give reasons why Police Crime reference No. Was the loss reported to the Transport provider/Appropriate authority/ ☐ YES ☐ NO Hotel or Consulate authority? If 'Yes', please give full name and address to whom the loss was reported If 'No', please give reasons why Has the claim been lodged on the appropriate authority? ☐ YES ☐ NO If 'Yes', please provide full details If 'No', please give reasons why LOSS OF BAGGAGE Full description of item Date of Purchase Sum claimed for Present Value Total Please enclose Copy of written complaint made to the Police Reply received from the relevant authorities Copy of written complaint made to Transport Provider. Property Irregularity Report from airline authorities. ☐ Copy of written complaint made to Hotel Authorities / Appropriate Authorities Letter of Subrogation Non-traceable certificate from the Police Copies of bills, if any LOSS OF PASSPORT **Passport Number Expiry date of Passport Date of Expense Description of Expense Expenses claimed Total** Please enclose Original bills and receipts for expenses claimed. Copy of written report made to police or immigration authority or consular authority.

Copy of fresh / duplicate passport.

DELAY OF CHECKED IN BAGGAGE Name of the Airline					
Baggage check number issued by the a	nirline				
Date and time of your arrival at your destination Date and time of receipt of your baggage at your destination Duration of delay					
Date of Expense		Description of Expense		Expenses Claimed	
Please enclose			Total		
 Copy of complaint made to the ai Certificate from airline confirming Original bills and receipts for exp 	g the period o				
DELAYED FLIGHT					
Date and time of Scheduled departure			D D M M Y		H H M M AM PM
Date and time of actual departure Duration of delay			D D M M Y	Y Y Y	H H M M AM PM
Date of Expense		Description of Expense			Expenses Claimed
Please enclose			Total		
☐ Certificate from airline confirming ☐ Original bills and receipts for item		of delay of flight.			
DETAILS OF OTHER INSURANCE	E COVERIN	NG THIS LOSS.			
Company Name & Address Po		olicy Number	Sum Insured		Period of Insurance
Has a claim been reported to any other Insurer in respect of this incident ? If 'Yes' please provide full details			☐ YES ☐ NO		
DECLARATION Thereby declare that the foregoing states importance. I agree that if I have made, or					

Please check that all questions have been completed in full and the form signed, dated and the required documents / bills attached.



Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002. Royal Sundaram IRDAI Registration No.102 | CIN: U67200TN2000PLC045611

Signature or thumb impression of the Insured