

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered and Head Office: "Dare House" 2nd Floor, No.2, N.S.C. Bose Road, Chennai 600 001
customercare@cholams.murugappa.com; Toll free help line 1800 200 5544; www.cholainsurance.com



General Insurance

Leisure Travel Insurance - Claim Form

• The issuance of this form is not to be taken as an Admission of Liability. • Please answer all questions completely. Use additional sheet, if required. • Please attach the document required as indicated. • Please note that the list of documents mentioned is an indicative list; the Insurer may ask for any other documents to process the claim. • Please attach the medical report in the enclosed format for claim under Personal Accident.

A. Details of The claimant: Name of Claimant (in full) _____ Mr. Mrs. Ms. Dr. Prof. M/s.

Policy Number _____ Period of Insurance DD MM 20 0 Y To DD MM 20 0 Y

Address _____

City _____ Pin code _____ State _____

Tel. No. _____ Fax No. _____ Mobile No. _____

Occupation _____ E-mail _____

Relationship of claimant with the insured _____ Date of commencement of Trip DD MM 20 0 Y Date of Scheduled Return DD MM 20 0 Y

Country visited _____ Currency of the country _____

Section to which Claim pertains (Please tick whichever is applicable)

- Medical Expenses Repatriation of Remains Dental Treatment Expenses Total Loss of Checked Baggage
- Delay of Checked-In Baggage Loss of Passport Loss of International Driving License Personal Accident - Overseas
- Personal Liability Financial Emergency Hospital Daily cash Hijack Relief
- Trip Cancellation Trip Curtallment Trip delay Personal Accident Domestic Home Burglary

B. Medical Expenses - Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of disease contacted _____

When disease first manifested DD MM 20 0 Y Date when treatment started DD MM 20 0 Y Date when treatment ended DD MM 20 0 Y

Date of admission DD MM 20 0 Y Date of discharge DD MM 20 0 Y

Name of treating doctor / clinic / hospital _____

Address _____

Contact number _____ Nature of Disease/Injury (Please describe briefly) _____

Hospital expenses (Please show each head separately; Please mention in US Dollars)

Room rent _____ Consultancy Charges _____ Cost of treatment _____
 Other costs _____ Outpatient expenses _____ Cost of tests _____ Total claim amount _____

Transportation Expenses : If you are claiming for the extra costs of transportation home (for self and / or accompanying person), mortal remains or burial expenses, please provide following details

Name of airlines _____ Burial Details _____

Expenses Incurred _____ Other incidental costs with bifurcation of expenses _____

C. Dental Treatment Expenses - Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of the disease contacted _____

When disease first manifested (Date) DD MM 20 0 Y Date when treatment started DD MM 20 0 Y Date when treatment ended DD MM 20 0 Y

Date of admission DD MM 20 0 Y Date of discharge DD MM 20 0 Y

Name of treating doctor / clinic / hospital _____

Address _____

Contact number _____ Nature of Disease/Injury (Please describe briefly) _____

Hospital expenses (Please show each head separately; Please mention in US Dollars)

Room rent _____ Consultancy Charges _____ Cost of treatment _____
 Other costs _____ Outpatient expenses _____ Cost of tests _____ Total claim amount _____

D. Total Loss of Checked-In Baggage - Please attach the details of individual items lost, approximate cost and purchase date, Copies of baggage tags, Copies of correspondence with airline authorities / others about loss of checked baggage, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Copy of the passport / visa with entry & exit stamp, Adequate proof of ownership of items contained within checked-in-baggage valued in excess of the Indian rupee equivalent of US \$ 100 for loss/delay of checked-in-baggage will need to be submitted.

Number of Checked - In Baggage _____

Nature and description of the items lost _____

Description of the items lost with regards to number, nature and cost of each such item _____ Total Claim Amount _____

Name of airline _____

Flight Number _____

From _____ To _____

Scheduled Departure Date DD MM 20 0 Y Time _____ Hrs Scheduled Arrival Date DD MM 20 0 Y Time _____ Hrs

Actual Departure Date DD MM 20 0 Y Time _____ Hrs Actual Arrival Date DD MM 20 0 Y Time _____ Hrs

Description of items purchased with regards to number, nature and cost of each item _____ Total Claim Amount _____

E. Delay of Checked-In Baggage - Please attach the details of items purchased during the delay period, Copies of baggage tags, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Original bills / receipts / invoices connected to expenses incurred / purchases made during the delay period, Copy of the passport / visa with entry & exit stamp.

Name of airline _____
Flight Number _____
From _____ To _____
Scheduled Departure Date DDMM200Y Time _____ Hrs Scheduled Arrival Date DDMM200Y Time _____ Hrs
Actual Departure Date DDMM200Y Time _____ Hrs Actual Arrival Date DDMM200Y Time _____ Hrs

Description of items purchased with regards to number, nature and cost of each item _____ Total Claim Amount _____
F. Loss of Passport - Please attach Copy of new passport, Copy of previous passport (if available), Original bills / invoices of expenses incurred for obtaining a new passport, Copy of FIR / police report.

Date of Loss DDMM200Y Application Document Fee _____ Incidental Cost _____ Total Claim Amount _____

G. Loss of International Driving License - Please attach Copy of new International Driving License, Copy of previous International Driving License (if available), Original bills / invoices of expenses incurred for obtaining a new International Driving License, Copy of FIR / police report.

Date of Loss DDMM200Y Application Document Fee _____ Incidental Cost _____ Total Claim Amount _____

H. Personal Accident - Overseas/Domestic - Please attach Police report, Post Mortem Report, Death certificate, Medical report in the enclosed format, Certificate from treating Doctor for Permanent Disability.

Date DDMM200Y Time _____ Hrs Place of Accident _____

Full description of Accident Cause _____
Name of treating doctor / clinic / hospital _____
Address _____
Contact number _____ Total claim amount _____

Police report (if any) _____

I. Personal Liability (Please attach the Judgment of the Court) Date DDMM200Y Time _____ Hrs Place of Accident _____

Nature of Claim being made _____ Court where the case is being pursued _____

Total amount of the award including claimant amount _____ Total claim amount _____

Police report (if any) _____

J. Hospital Daily cash : Total number of days for amount being claimed from _____ Total claim amount _____

K. Financial Emergency (Please attach the Police report) Date and time of Loss DDMM200Y _____ Place of Loss _____

Amount of the fund lost _____ Total claim amount _____

L. Hijack Relief - Please attach the copy of passport / visa with entry & exit stamp (if any), copy of the ticket and boarding pass, the police report with details such as the passport number of the Insured & period of hijacking, newspaper report (if available)

Name of airline _____
Flight Number _____
From _____ To _____
Scheduled Departure Date DDMM200Y Time _____ Hrs Scheduled Arrival Date DDMM200Y Time _____ Hrs
Date and time of Hijack Date DDMM200Y Time _____ Hrs Date and time of return Date DDMM200Y Time _____ Hrs

Full description of the incident _____ Total Claim Amount _____

M. Trip Cancellation - Please attach the details of expenses incurred, Original bills of expenses incurred due to cancellation, Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for cancellation like Death certificate etc.

Name of airline _____
Flight Number _____
From _____ To _____
Scheduled Departure Date DDMM200Y Time _____ Hrs Reason for Trip Cancellation _____

N. Trip Curtailment - Please attach the details of expenses incurred, Original bills of expenses incurred due to cancellation, Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for cancellation like Death certificate etc.

Name of airline _____
Flight Number _____
From _____ To _____
Scheduled Departure Date DDMM200Y Time _____ Hrs Reason for Trip Curtailment _____

O. Trip delay - Please attach the details of items purchased during the delay period, Original bills of purchases made / expenses incurred during the period of delay, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass, Copy of the passport / visa with entry & exit stamp.

Name of airline _____
Flight Number _____
From _____ To _____
Scheduled Departure Date DDMM200Y Time _____ Hrs Scheduled Arrival Date DDMM200Y Time _____ Hrs
Date and time of actual departure Date DDMM200Y Time _____ Hrs Date and time of actual return Date DDMM200Y Time _____ Hrs

Description of items purchased with regards to number, nature and cost of each item _____ Total Claim Amount _____

P. Home Burglary: Please attach police report.

Address (if different from stated above) _____
Home was occupied at the time of loss Yes No Are you sole owner of the property lost/damaged/premises Yes No

Total value of the property upon the premises at the time of loss _____

Date and time of loss Date DDMM200Y Time _____ Hrs When discovered and by whom Date DDMM200Y Time _____ Hrs

Brief details of the loss _____

Are you suspecting anyone responsible for the theft? _____

Details of previous losses (if any) on the affected property in the last two years _____

Nature and description of hte items lost _____

Description of the items lost with regards to number, nature and cost of each item _____ Total Claim Amount _____

Declaration

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident or any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect the present or future claim shall be forfeited.

Place: _____
Date: _____

Signature of Claimant/Insured