

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

TRAVEL INSURANCE (BUSINESS AND HOLIDAY)

Claim Form

SECTION B - PERSONAL LIABILITY

Personal Liability

Issuance of this fo manner dishonest behalf of the Insur	or fro	audu	lent,	or is	suppo	rted	by a	ny d	ishoi	nest	ort	frauc	dule	nt mean	ns or	devic	es, w	het	ner l	oy th	ne I	nsu	red	Pers	son/			,		,
Policy No.															(Claim	No.													

Policy No.		Claim No.		
Period of Insurance From	O M M Y Y Y Y TO	D M M Y Y Y	Υ	
A. DETAILS OF INSURED/C	LAIMANT			
Name of the Claimant	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
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	Gender Male Fer	male	
5. Address	Plot No/Door No.	Building	g Name	
	Road	Area		
	City	District		
	State	Pincode	2	
6. Contact Details	Phone No.	Mobile		
	E-mail Id			
7. Date Trip Commenced	D D M M Y Y Y	8. Date	e of Scheduled Return	D D M M Y Y Y

B. FOR WHICH BENEFIT DO	YOU CLAIM? [PLEASE TICK (✓) THE APF	PROPRIATE BOX]	
SECTION: A - MEDICAL EXPEN	SES, EVACUATION AND REPATRIATION		
	Accident and Sickness Medical expense	es Emergency Me	edical Evacuation
	Repatriation of Mortal Remains	Dental Service	es
SECTION: A (i) PERSONAL ACC	IDENT		
	Accidental Death	Permanent Tot	tal disability
]	Details of Permanent Total Disability		
SECTION: A (ii) TRAVEL SUPPO	RT		
	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

Home Burglary Insurance

Emergency Cash Advance

C	C. SECTION: A - MEDICAL EX	KPE	NSE:	S, E\	/ACL	JATI	ON																								
1.	When did the disease first mo	anife	est					D	D	М	М	Υ	Υ	Υ	Υ																
	Nature of disease /Injury (please describe briefly)																														
	(piedse describe briefly)		te wh		tarte	Ь		D	D	Μ	Μ	Υ	Υ	Υ	Υ		te w		Ende	ad.				D	D	Μ	Μ	Υ	Υ	Υ	Υ
			te of					D	D	М	M	Υ	Υ	Υ	Υ				char					D	D	Μ	M	Υ	Υ	Υ	Υ
3.	Name of Hospital																											T	\exists		\exists
4.	Name of Doctor	S	U	R	Ν	А	М	Е			М	ı	D	D	L	Е	Ν	А	Μ	Е			F	I	R	S	Т	N	А	Μ	Е
5.	Address	Plo	t No	/Doc	or No).										Bui	lding	g No	ame												
		Roc	ad													Are	ea														
		City	/													Pin	code	е													
		Sta	te																												
6.	Contact Number	Pho	one N	No.												Мо	bile														
НС	OSPITAL EXPENSES (plea	se s	how	eac	ch h	ead	sep	ara	tely)																					
Inp	patient expenses] (Outp	atie	nt e	xper	ises											
De	ntal expenses		İ													Tota	l Cla	ıim <i>i</i>	Amo	unt									Ħ		
			•	•		•		•	•				•		•											•				•	_
D	D. REPATRIATION																														
	ou are claiming for extra costs lines, Burial details, Expenses i																					ourio	al ex	pens	es p	leas	e spe	ecify	the	nam	e of
Tot	tal Claim Amount			1						l					1																
101	tai Claim Amount																														
E	E. SECTION: A (i) PERSONA	L AC	CCID	ENT	-																										
1.	Date & Time of Accident	D	D	М	M	Υ	Υ	Υ	Υ				:] A.	M. /	P.M	. Plo	ace o	of Ac	cide	nt								
2.	Name of Hospital																														
3.	Name of Doctor	S	U	R	Ν	А	М	Е			М	1	D	D	L	Е	Ν	А	М	Е			F	-1	R	S	Т	Ν	А	Μ	Е
4.	Address	Plo	t No	/Doc	or No).										Bu	ldin	g N	ame												
		Roo	ad													Are	ea														
		City	у													Pin	code	е													
		Sta	ite																												
5.	Contact Number	Res	si. Te	el.												Off	ice														
		Мо	bile																												
6.	Police report lodged		Ye	es		No)																								
7.	Full description of																														
	accident cause																														
8.	Nature of injury sustained																										_	_	_		<u> </u>
9.	Total Claim Amount																														
10.	. Total Claim Amount in word:	s																													

	MEDICAL CERTIFICATE - T	O BE FILLED BY TREATING DOCTOR
1.	Name & Address 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
	Gender	Male 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
		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 r condition or delay improvement?
	If 'Yes', give details	
	Details of Disablement	
	Nature of Disablement	a) Permanent Total Disablement
	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?
	If 'Yes', from D D M	W Y Y Y Y
	If 'No', please state probable	e date of his / her being able to attend to his normal duties D D M M Y Y Y Y
l ce	ertify that I have examined the	above named Insured, the above statements are correct and that the injured person is necessarily disabled by the accident referred to
Na	ime of treating Doctor	
Qu	alifications	Registration No.
Ad	dress	
Со	ntact Details	Phone No.
		E-mail Id
Sig	nature of the Doctor	
Sto	amp of the Doctor	Stamp of the Hospital

	F. SECTION: A(ii) TRAVEL S	UPF	OR	RT																												
	I. LOSS OF CHECKED BAGO	GAG	E / I	DEI	LAY	′ OI	F CI	HEC	CKEI) BA	AGG	AGE																				
				Tota	ıl lo:	ss c	of cl	hec	ked	bag	gag	e								De	elay	of c	heck	ced l	bagg	gage	9					
1.	Name of Airline																															
		Flig	ht N	No.													Fro	m														
																	То															
2.	Scheduled departure	Dat	e				D	М	Μ	Υ	Υ	Υ	Υ				Tin	ne			:			A. <i>l</i>	M. /	P.M.						
3.	Scheduled arrival	Dat	e				D	М	Μ	Υ	Υ	Υ	Υ				Tin	ne			:			A. <i>l</i>	M. /	P.M.						
4.	Actual departure	Dat	e				D	М	М	Υ	Υ	Υ	Υ				Tin	ne			:			A. <i>l</i>	M. /	P.M.						
5.	Actual arrival	Dat	e				D	М	Μ	Υ	Υ	Υ	Υ				Tin	ne			:			A. <i>l</i>	M. /	P.M.						
6.	Property irregularity report b	y cai	rier	r att	ach	ned														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	st of	f ite	ms	los	t	L	<u> </u>	<u> </u>	<u>_</u>						Co	st of	fiten	ıs pı	urch	ased					<u> </u>	<u> </u>	_			
		Tote	al cl	lain	n ar	moı	unt																									
	II. LOSS OF PASSPORT																															
1.	II. LOSS OF PASSPORT Date of loss					D	D	M	. N	\ Y	′ Y	′ Y	Y				2.	Polic	ce re	port	lode	ged								Yes		No
	Date of loss	fees				D	D	M	. N	I Y	′ Y	′ Y	Y				7		ce re		lod	ged								Yes		No
				lain				M	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I Y	' Y	′ Y	Y				7		ce re		lode	ged								Yes] No
	Date of loss	fees Tote	al cl	lain				M	. N	\ Y	' Y	′ Y	Y				7				lode	ged								Yes] No
	Date of loss	Toto			n ar	mol	unt						Y				7				lode	ged								Yes] No
	Date of loss Application/documentation	Toto	.AT	101	n ar	mou AIS:	unt						Y	Tri	ip cc	ance	7	den			lod	ged				Mi	isso	eed c	on] No
3.	Date of loss Application/documentation	Toto	.AT	101	n ar	mou AIS:	unt						Y	Tri	ip cc	unce	Inci	den			lode	ged] Mi	isso	eed c	on			No
3.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO	Toto	.AT	ion	n ar	mou AIS:	unt						Y	Tri	ip co	ance	Inci	den			lode	ged				Mi	isso	eed c	on			No
3.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO	Toto	ATI	irip (n ar	MISS ay	unt	CC					Y	Tri	ip co	ance	Inci	den			lode	ged] Mi	iissa	eed c	on			No
3.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO	Toto	Ti	irip (n ar	MISS ay	SED	CC					Y	Tri	ip cc	ance	Inci	on m			lode	ged						eed c	on			No
 3. 1. 2. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline	Toto	Ti ht N	irip (n ar	MISS ary	SED	CC	DNN	ECT	FION	1		Tri	ip co	ance	Inci	on m				ged		J 1		P.M.		eed c	on			No
 3. 1. 2. 3. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline Scheduled departure	Total	ht Nof Pere	irip (n ar	MISS ary	SED	M	ANG.	Y	FION	1 Y	Y	Tri	ip co	ance	Inci	on m				ged] A. <i>l</i>		P.M.		eed c	on			No
 3. 1. 2. 3. 4. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline Scheduled departure Actual departure	Total	ht Nof he	irip (n ar	MISS any	SED	M M	DNN M	Y	TION	1	Y	Tri	ip co	ance	Inci	on m				ged		A./ A./	M. /	P.M.		ed c	on T			No
 3. 1. 2. 3. 4. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANC Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival	Flig No Dat Dat	ht N of P	irip (n ar	MISS allela	SED	M M M	DNN M M	Y	TION	Y	Y	Tri	ip cc	ance	Inci	m me				ged		A. <i>l</i> A. <i>l</i> A. <i>l</i>	M. / M. /	P.M. P.M. P.M.		ed c	on			No
 3. 2. 3. 4. 5. 6. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANC Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival Departure of	Total	ht N of k	irip (n ar	MISS aly	SED yed	M M M	M M M M M M M M M M	Y	Y	Y	Y	Tri	ip co	ance	Inci	on m				ged] A. <i>l</i>] A. <i>l</i>] A. <i>l</i>] A. <i>l</i>	M. / M. / M. /	P.M. P.M. P.M. P.M.		eed c	on I			No
 1. 2. 3. 4. 5. 6. 7. 	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANO Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival Departure of connecting flight	Flig No Dat Dat Dat Dat	ht Noof here	No.	delcors d	MISS aly	SED yed	M M M M M	M	Y Y Y Y Y	Y	Y	Y Y Y Y Y Y	Tri	ip co	ance	Inci	on m				ged] A. <i>l</i>] A. <i>l</i>] A. <i>l</i>] A. <i>l</i>	M. / M. / M. / M. /	P.M. P.M. P.M. P.M.		ed c	oon			No
3. 1. 2. 3. 4. 5. 6. 7. 8.	Date of loss Application/documentation III. TRIP DELAY/ TRIP CANC Name of Airline Scheduled departure Actual departure Scheduled arrival Actual arrival Departure of connecting flight Cause of delay	Flig No Dat Dat Dat Dat	ht ht nof he	No.	n ar dela	MISS ay	SED yed	M M M M M	M	Y Y Y Y Y	Y	Y	Y Y Y Y Y Y	Tri	ip co	ance	Inci	m me ne ne		Yes		ged	No] A. <i>l</i>] A. <i>l</i>] A. <i>l</i>] A. <i>l</i>	M. / M. / M. / M. /	P.M. P.M. P.M. P.M.		eed c	oon			No

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 HOSPITH BAHVAH OV		
 IV. HOSPITAL DAILY ALLOW Total number of days in hospital number of days in hospital number of days. 		Total claim amount
1. Total number of days in rios	pital	lotal claim amount
V. EMERGENCY CASH ADV	ANCE	
1. Amount of funds lost		Place of loss
	Date of loss	Time of loss : A.M. / P.M.
Police report lodged	Yes No	Total claim amount
, -		
VI. BAIL BOND		
VI. BAIL BOND 1. Name of Authority		
VI. BAIL BOND	Phone No.	Mobile Mobile
VI. BAIL BOND 1. Name of Authority 2. Contact Details of the detaining authority	E-mail Id	Mobile
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:	Mobile Yes No
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:	
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the ir Is this offense bailable as per 	E-mail Id sured is in custody:	
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the in Is this offense bailable as person VII. HACK COVER	E-mail Id sured is in custody:	Yes No
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the in Is this offense bailable as personance. HACK COVER Name of Carrier 	E-mail Id sured is in custody:	Port of Hijack Port of Release
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the interest of the detaining authority Is this offense bailable as performed by the second of the detail /li>	E-mail Id Insured is in custody: Er the laws of the country? From DDMMYYYYY T	Port of Hijack Port of Release at : Hours
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the interest of the detaining authority Is this offense bailable as performed by the second of the detail /li>	E-mail Id Insured is in custody: Er the laws of the country? From DDMMYYYYY T	Yes No Port of Hijack Port of Release at : Hours
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the interest of the detaining authority Is this offense bailable as performed by the second of the detail /li>	E-mail Id asured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY	Port of Hijack Port of Release at : Hours
 VI. BAIL BOND Name of Authority Contact Details of the detaining authority The offense for which the interest of the detaining authority Is this offense bailable as performed by the second of the detail /li>	E-mail Id asured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY	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 ON 1. Date of achievement	E-mail Id assured is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY NE	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 ON 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	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 performance of the perform	E-mail Id surred is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY AE DDMMYYYYY PRANCE	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 ON 1. Date of achievement IX. HOME BURGLARY INSU	E-mail Id pasured is in custody: per the laws of the country? From DDMMYYYYY To DDMMYYYYY VE DDMMYYYYY Plot No/Door 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 surred is in custody: er the laws of the country? From DDMMYYYYY To DDMMYYYYY AE DDMMYYYYY PRANCE	Port of Hijack Port of Release at : Hours at : Hours Total claim amount

	Date o	of loss	D	D	M	M)	′ Y	Υ	Υ		Lo	ss dis	cove	red	by											
3. Contents of home	Loss								T		Da	mag	e													$\overline{}$
	Both					Τ				T																\exists
4. Detailed circumstances of the loss											<u>'</u>					•				•						
5. Report lodged with police		res	N	0			lf rep	orted,	bv w	hom									Π							
6. Reason for not reporting													!							<u> </u>						_
	Sr No.										Los	s det	ails													
	Loss/d	amag	е								Est	imate	ed co	st c	of los	s										
7. Details of any other insuran	ce to co	ver for	the pro	perty																						
G. SECTION B: PERSONAL	LIABILI	TY																								
Date of Incidence	D	D M	MY	Y	Y	7	Time		T	: T		٨٨	Λ / P	M	Pla	ce c	of In	cide	ence		Τ	Т				
Nature and detail facts of										-																
Claim being made																										
3. Court where the case						T																Ī				
is being pursued	1					\pm				\pm	+									<u> </u>	<u>I </u>					
4. Total Amount of award incl															104	,		.1		٠.		<u> </u>			٠.	
I/We hereby to the best of my/ou make in any of my/our further st	atemen	ts in re	espect o	f the s	aid ind	cider	nt or c	ıny fal	lse or	frau	dulen															
shall be void and all rights of com I/We hereby extend my/our cons	•		•	•								ank (Grou	p er	ntities	for	spe	cific	purp	oose	of a	vailii	ng se	rvice	es off	fered
by State Bank Group(please strik	e this clo	ause ir	n case yo	ou do r	not wis	h to	disclo	se the	eperso	onal	data)															
Place																										
Date: DDMMYYY	YY								Signo	ature	e of C	laimo	ant/Ir	ısur	ed _											
H. PAYEE DETAILS [Payabl	e to No	minee	(*All fie	elds ar	e mar	ndat	ory)]																			
Bank Name												В	lank	Bra	nch [
Bank Account No.]	FSC (Cod	е [
MICR No.] _P	1 NA	No.	[
Note: It is agreed that the Po	,						-				,		-										can	celle	d che	eque
pertaining to the same accou	ınt. İn co	ise pre	mium is	issued	l from	the s	same	bank d	accou	nt th	rough	chec	que, t	he d	cance	lled	che	que	is no	ot re	quire	ed.				
I. ANY OTHER INFORMAT	TION YO	DU M	AY WIS	н то	PROV	/IDE																				
I/We, above named hereby auth	orise an	v hosn	vital phy	vsician	Polic	- 2.	tatut	ory au	ıthorit	ies i	relevo	nt wi	tness		and /	or re	lativ	/es (or oth	ner r	ersc	n wh	no ha	s att	ende	
examined the insured, to disclinformation including any med	ose whe	n req	uested	to do	so by	SBI	Gene	eral In	surar	ice (Co. Lt	d. or	its p	ern	nitted	d an	nd a	utho	orise	d re	pres	enta	tives	, an	y and	d all
instruction on my/our behalf.																										
I/We, the above named, do here I/We have made, or make in any or concealment, my/our claim s	further	declar	ation, th	ne Con																						
	, ,																									
Place									Sign	atur	e of Ir	nsure	d/Clo	aimo	ant _											

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	Copy of return tickets
payment receipts	
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 Copies of boarding Pass/Ticket/Baggage Tags
Reason for necessity of the transportation	Copies of correspondence with the Airline authorities/others
All original bills	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 certifying the delay of checked baggage
Death Certificate	Property Irregularity Report (PIR - a written proof from the
Death Summary	carrier) from the Airline authorities stating the period of delay
Post Mortem Report	Original bills/receipts/invoices for any necessary emergency purchases like toiletries, medication and clothing (If incurred)
Original Legal Heir Certificate (in case nomination has not been filed by deceased	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
Claim Form duly filled & signed	Please attach confirmation from the airlines, clearly menti-
Claim Intimation	oning the scheduled arrival time and the actual arrival time Copy of passport, visa with entry and exit stamp, Boarding
Police Copy	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	Claim Form duly filled & signed
Government Authority	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 Pass/Ticket
Investigation Reports	Copies of Correspondence with the Airline authorities
Treatment Papers	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
Any 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
Hijac	k
	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
Golfe	r's Hole-In-One
	Claim Form duly filled & signed
	Invoice of expenses incurred
	Proof of achieving a hole-in-one by the Insured Person
Hom	e Burglary Insurance
	Claim Form duly filled & signed
	Copy of FIR/ Police Report
	Invoice of lost item

Bail	Bond
	Claim Form duly filled & signed
	Provide the court order stipulating the required amount as bail bond
	Police report
Eme	rgency 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