

General Insurance

Reliance Travel Care Insurance Policy Claim Form C

Name of the common carrier

Flight No. From: To:

Please complete the section relevant to your claim

Loss of Total Checked Baggage

- Nature of Claim ☐ Loss ☐ Delay
- Date Time hrs Location
- Number of pieces of baggage checked-in 4. Number of pieces of baggage lost/delayed
- In case of baggage, please specify the following
 Scheduled date of Arrival Scheduled time of Arrival hrs
 Actual date of Arrival Actual time of Arrival hrs
 Number of Hours delayed
 (Please provide the details of expenses related to the loss of the checked baggage in the table given below)

Loss of Passport

- Date Time hrs Location
- Passport number
- Please provide the details of the incident
- Please provide the details of the Police Report
- (Please attach a copy of the Police Report): Reference No.
 Date Location
 (Please provide the details of expenses related to the loss of Passport the checked baggage in the table given overleaf)

Loss of International Driving License and Travel Documents

- Date Time hrs Location
- Driving License No.
- Ticket/Boarding Pass No.
- Please provide the details of the incident
- Please provide the details of the Police Report
- (Please attach a copy of the Police Report): Reference No.
 Date Location
 (Please provide the details of expenses related to the loss of International Driving License & Travel Documents in the table given overleaf)

Trip Delay/Cancellation/Interruption/Missed Connection**17. Reason for Trip delay/Cancellation/Interruption**

- ☐ Death or Unforeseen disease/illness/injury ☐ Termination of Employment ☐ Inclement Weather Conditions
- ☐ Abduction/Quarantine of the Insured Person ☐ Terrorist Incident in the place of visit ☐ Delay of Common Carrier*
- ☐ Lost or stolen passport, travel documents or money.* ☐ Felonious Assault on the Insured Person/Family Member/Traveling Companion
- ☐ Uninhabitable condition of the place of stay abroad due to fire, flood, vandalism, burglary, or natural disaster

* Not applicable for trip delay

18. The person affected ☐ Insured Person ☐ Immediate Family Member of the Insured Person ☐ Traveling Companion

19. If the person affected is not the Insured Person, please provide the following details

Name of the person affected

Address

Flat/Building/Door/Block No.

Road/Street/Sector

Area

Taluka/Village/District/City Pin Code

State Country

Fax

Relationship with the Insured Person

20. In case of trip delay and missed connection

Scheduled date of Arrival Scheduled time of Arrival hrs

Actual date of Arrival Actual time of Arrival hrs

Number of Hours delayed

21. In case of missed connection

Date of Departure of Connecting Flight Time hrs

22. In case of trip cancellation/trip interruption

Date Time hrs

Location

23. Whether accommodation & boarding provided by carrier?

☐ Yes ☐ No

Detail of Expenses incurred	Date	Place	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>
Less Compensation received from airline			<input type="text"/>
Net Amount			<input type="text"/>

*In case of Delay, please provide details of purchases made

*In case of Loss, please provide details of items lost

Hijack Distress Allowance

24. Place of Hijack Date Time hrs
25. Place of Release Date Time hrs
26. Please provide the necessary details of the incident

	Personal Liability
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27. Please provide the name of third party injured, if applicable _____
28. Please provide the details of injury/property damaged _____
29. Please provide the details of the court award _____
30. Please specify the details of amount claimed _____
31. Date of Loss Place of Loss _____
32. Any other information you would like us to have: _____

Financial Emergency Assistance	
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33. Date of Loss

d	d	m	m	y	y	y	y
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 Time

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 hrs
34. Reason for Loss: _____

Please fill in the following details, only if the insured person has opted for the Reliance Travel Care Insurance Policy-Student Plan

	Bail Bond
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- | | | | |
|-----|--|----------|--|
| 35. | Name of the Detaining Authority | | |
| 36. | Address | | |
| | Flat/Building/Door/Block No. | | |
| | Road/Street/Sector | | |
| | Area | | |
| | Taluka/Village/District/City | Pin Code | |
| | State | Country | |
| | Fax | | |
| 37. | Please specify the offense for which the Insured Person has been detained: _____ | | |
| 38. | Is the offense bailable as per the law of the country? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Please specify the relevant details _____ | | |
| | Please specify the bail amount _____ | | |

Sponsor Protection

39. Name of the Sponsor _____
 40. Please specify the cause of the accident causing the demise of the Sponsor: _____

 41. Please describe the nature of the injury causing the demise of the Sponsor: _____

 42. Place of the accident _____
 43. Date of accident | d | d | m | m | y | y | y | y |
 44. Name of the University _____
 45. Course Duration _____
 46. Tuition fees payable by the Student for the remaining duration _____

Study Interruption

47. Reason for study interruption: ☐ Hospitalization of the Insured Person ☐ Death of the Immediate Family Member/Sponsor of the Insured Person
48. In case of Hospitalization of the Insured Person
Please provide the details of the disease/illness/injury _____

Please provide the cause of the disease/illness/injury _____

49. Date of accident or onset of disease/illness Place
50. Name of Hospital/Nursing Home where treatment of the disease/illness/injury was given
51. Address
 Flat/Building/Door/Block No.
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Fax
52. Period of Hospitalization From to
53. Has the Insured Person been advised to be evacuated on medical grounds back to India? ☐ Yes ☐ No
54. If yes, please specify the reason for the evacuation
55. **In case of Death of the Immediate Family Member/Sponsor of the Insured Person**
 Name of the Immediate Family Member/Sponsor of the Insured Person:
 Relationship of the Immediate Family Member/Sponsor with the Insured Person
 Please specify the cause of the accident causing the demise of the Immediate Family Member/Sponsor
 Please describe the nature of the injury causing the demise of the Immediate Family Member/Sponsor
56. Place of accident 57. Date of accident
58. Tuition fee payable by the Student for the remaining duration:

Loss or Damage to Business Equipment

59. Date of Loss 60. Location of Loss
61. Description of Loss
62. Cause of Loss
63. Details of the Business Equipment Delayed/Lost/damaged
- | Sr. No. | Items | Nature of Loss | Hire/Purchase/Courier Expenses | Amount |
|----------------------|----------------------|----------------------|--------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
64. In case of theft, has this incident reported to the Police Authority ☐ Yes ☐ No
65. In case of delay, whether the Common Carrier was notified? ☐ Yes ☐ No

Alternative Employee or Resumption of Assignment Expenses

59. Date of Loss 60. Nature of Loss
61. Cause of Loss
- a. Traveling expense towards deployed person
- b. Return Travel expenditure towards Insured/Insured Person

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