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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



## **GROUP DOMESTIC TRAVEL INSURANCE**

# CHOTGDP23004V012223

Covers	Claim Documents
Emergency Medical Expenses – Illness / Disease	Medical reports and discharge summary issued by the hospital or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis.  Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred  Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization  Name, Address and Phone number of the local medical officer/family physician in India.  And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
Emergency Medical Evacuation & Repatriation of Mortal remains	<ul> <li>Medical reports (Presenting complain, Diagnosis, Treatment given, Discharge condition etc.) and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation;</li> <li>Documentary proof for all expenses incurred towards the Medical Evacuation.</li> <li>Copy of the death certificate, (Also providing details of the place, date, time, and the circumstances and cause of death; )</li> <li>Copy of the postmortem certificate, if conducted;</li> <li>Documentary proof for expenses incurred towards disposal of the mortal remains including the name of the airlines, burial details, expenses incurred, other incidental cost with bifurcation of expenses.</li> <li>In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.</li> <li>Quotation or estimate of repatriation cost</li> <li>Invoices (Itemized) and money receipts in original for the amount claimed.</li> </ul>
Dental Treatment Expenses	<ul> <li>Dental Records (Presenting complain, diagnosis, treatment given) All the test and X-ray reports</li> <li>Prescription from the doctor</li> <li>Name, address, contact no, fax no, e-mail id of the Local Medical Officer (LMO)/ Dentist in India Invoices (itemized) and Money receipts in original for the amount claimed</li> </ul>
Compassionate Visit	<ul> <li>Medical record of the patient. Discharge Summary, Presenting complain, diagnosis, treatment given, etc.) Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available)</li> <li>Money receipts in original for expenses incurred towards air tickets and stay of the insured/Immediate Family Member</li> </ul>
Hijack Distress Allowance (Airways)	<ul> <li>Police report confirming the incident. It should contain the passport number of the insured and period of hijacking</li> <li>Letter from the airline clearly stating period of hijack and media</li> <li>Coverage details.(e.g. photograph, videos, newspaper cutting</li> </ul>
Child Escort	Original ticket(s) used for the travel by the Minor Child(ren) back to the home town
Total Loss of checked in Baggage (Airways)	<ul> <li>Air tickets along with boarding passes</li> <li>Copy of baggage tag's</li> <li>Property Irregularity Report issued by the Common Carrier mentioning the number of</li> </ul>

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## **GROUP DOMESTIC TRAVEL INSURANCE**

# CHOTGDP23004V012223

Covers	Claim Documents
	<ul> <li>baggage's checked-in.</li> <li>Original Certificate from airline authorities stating that baggage has been lost along with compensation details</li> <li>Adequate proof of ownership of items contained within checked-in baggage valued in excess of Rs.5000/- under Total loss of Checked-in Baggage</li> </ul>
Delay of Checked-in Baggage (Airways)	<ul> <li>Air tickets and boarding pass</li> <li>Property Irregularity Report issued by the Common Carrier.</li> <li>Certificate from airline authorities clearly stating the date and time of delay and delivery of the baggage.</li> <li>Original bills towards toiletries, medication and clothing during the delay period under Delay of Checked-in Baggage</li> <li>Letter/communication clearly stating the compensation details offered by the Airlines/Third Party</li> </ul>
Trip Cancellation and/or Interruption	<ul> <li>Proof of death or hospitalization of Insured Person or of spouse, parents &amp; children. (if applicable)</li> <li>Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)</li> <li>Termination letter from the Company if trip is cancelled due to employments. (if applicable)</li> <li>Letter from the airlines clearly mentioning the reason of cancellation and interruption of flight(if applicable)</li> <li>Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable)</li> <li>Copy of complete schedule itinerary for all the sectors</li> <li>Copy of new itinerary in case trip got reschedule along with boarding passes or tickets as applicable</li> <li>Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature. All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight</li> </ul>
Missed Connection (Airways)	<ul> <li>Copy of complete schedule itinerary for all the sectors</li> <li>Copy of new itinerary in case trip got reschedule along with boarding passes</li> <li>Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>All original bills and receipts for expenses which got forfeited, nonrefundable in nature.</li> <li>All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges due to interruption of schedule flight.</li> </ul>
Trip Delay (Airways)	<ul> <li>Original bills and receipts towards reasonable additional expenses during the delay i.e. meals and lodging</li> <li>Letter from the airline clearly stating the period of delay</li> </ul>

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## **GROUP DOMESTIC TRAVEL INSURANCE**

# CHOTGDP23004V012223

Covers	Claim Documents
	Copy of boarding pass for the schedule trip and actual trip
	Covering Letter with sequence of events
Emergency accommodation due to Trip Delay (Airways)	<ul> <li>Letter in original mentioning the reason with refund details (If any ) from the hotel or concern authority where you were originally supposed to stay but could not stay • Booking confirmation</li> <li>Money receipt in original for the expenses made towards the extra cost of travel and accommodation</li> </ul>
Flight Delay	<ul> <li>All original bills and receipts for additional reasonable and necessary transportation expenses</li> <li>Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> </ul>
Over Booked- Common Carrier (Airways)	<ul> <li>Copies of boarding pass, ticket, and baggage tags.</li> <li>Original letter from the concerned Airline confirming the overbooked flight &amp; when the next alternative transportation is available with refund or compensation amount if any.</li> <li>Money receipt in original for the expenses made towards reasonable additional cost incurred for staying in a similar hotel or purchasing a new ticket</li> <li>Original Air ticket/itinerary, where you were originally supposed to travel</li> </ul>
Bounced Hotel booking	<ul> <li>All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges</li> <li>In case of superior class of accommodation, proof that the alternate accommodation on the cost of pre-booked hotel is not available in the form of a certificate issued by the Alternate Accommodation Service Provider</li> </ul>
Travel Inconvenience	<ul> <li>Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable)</li> <li>Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)</li> <li>Termination letter from the Company if trip is cancelled due to employments.(if applicable)</li> <li>Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable)</li> <li>Reason for refusal or delay of Visa from the concerned authority</li> <li>Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>Newspaper cutting/Media report - Depending upon the peculiarity of the case</li> <li>Police report (wherever applicable)</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> </ul>
Travel Service Supplier Insolvency	<ul> <li>Copy of complete schedule itinerary</li> <li>Copy of new itinerary in case trip got reschedule along with boarding passes /tickets as applicable</li> <li>Copies of reimbursement statements issued by the common carrier carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any</li> </ul>

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## **GROUP DOMESTIC TRAVEL INSURANCE**

# CHOTGDP23004V012223

Covers	Claim Documents
	<ul> <li>other insurance Company providing reimbursement to you for the loss</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> <li>All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges</li> </ul>
Car Rental Excess Insurance	<ul> <li>Car rental agreement.</li> <li>Copy of Police Report</li> <li>Copy of the car rental company's accident damage report which shows the detail of each of the costs incurred, Photo evidence of the damage, itemized repair invoices/ receipts / other documents confirming the breakup of the amount Insured have paid in respect of accidental damage or loss for which the car rental company holds you responsible</li> <li>Original Payment Receipt from Car Rental Company for the excess settled towards the claim</li> <li>Copy of your credit card statement or payment instrument showing payment of the damages claimed, copy of the driving license of the Insured driver</li> </ul>
Personal Liability	<ul> <li>FIR/Police Report</li> <li>Sequence of the events leading to Personal Liability</li> <li>Witness Statement</li> <li>Copy of policy report(in case of legal case)</li> <li>Copy of the court award- Notice from the Third party claiming the amount</li> </ul>
Legal expenses	<ul> <li>Medical report from the attending doctor abroad.</li> <li>Death Certificate (For Death Case)</li> <li>Post Mortem Report (For Death Case)</li> <li>Copy of FIR / Police Report</li> <li>Sequence of events</li> <li>Certificate of disability from civil surgeon or any other equivalent recognized doctor authorized by state government.</li> <li>Original invoices and receipts of legal expenses</li> </ul>
Home Burglary Insurance (Contents)	<ul> <li>Copy of first information report/policy report.</li> <li>Copy of final investigator report/non-detectable certificate issued by the police authorities/magisterial order.</li> <li>Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase</li> <li>Panchnama</li> <li>Letter of undertaking/subrogation form obtained from the insured.</li> </ul>
Chola Ms Bharat Griha Raksha Policy	<ul> <li>Fire Department report/Police report.</li> <li>Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase</li> <li>Panchnama</li> <li>Newspaper cutting/Media report - Depending upon the peculiarity of the case, additional documents/information's will be asked for</li> </ul>

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Covers	Claim Documents
Financial Emergency Assistance	<ul> <li>FIR/Police report lodged at the place of loss within 24 hours.</li> <li>Details of items robbed -Details of funds (Cash, credit/debit cards, travelers cheque available) available with you</li> <li>Sequence of events</li> <li>Please confirm if you are staying alone or with any friends, family, relatives.</li> <li>Details of travel history for past 5 years</li> <li>Details of travel insurance taken in past 3 years prior to this policy</li> </ul>
Pet Care	<ul> <li>Medical Record</li> <li>Prescription from the Veterinary Doctor</li> <li>Invoices (itemized) and Money receipts in original for the amount claimed</li> <li>A confirmation letter from the person, who was taking care of your pet during your trip abroad</li> </ul>
Sports Equipment cover	<ul> <li>Copy of Hire Agreement in case of hired sports equipment or original proof of ownership</li> <li>Receipts for items lost, stolen or damaged</li> </ul>
Adventure Sports	<ul><li>Operator's license</li><li>Copy of Police report</li></ul>
Cruise cover	<ul> <li>Booking confirmation</li> <li>Written proof from the public transport on the Accident, Breakdown of the Common Carrier</li> <li>Money receipt in original for the expenses made towards the extra cost of travel and accommodation</li> <li>Medical Report on the illness or accidental injury suffered by the insured from the Medical Officer of the ship (if applicable)</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> </ul>
Debit / Credit Card - Fraud	<ul> <li>Copy of first information report/policy report.</li> <li>Bank Statement on the transactions made without Insured authorizing the same.</li> </ul>
Loss of Gadgets	<ul> <li>Copy of first information report/policy report.</li> <li>Original invoice/receipt evidencing the proof of purchase</li> <li>Ownership of the lost gadget, or document evidencing the authorized custody of the same, if such gadget is provided by his/her employer/business organization</li> </ul>
Alternate Employee/Substitute Employee Expense	<ul> <li>Medical records</li> <li>Medical certificate from the attending physician establishing illness/accident</li> <li>Original tickets and boarding pass of the substitute employee</li> <li>Proof towards obtaining a new ticket for alternative employee</li> </ul>
Loss of Deposit or Cancellation (Hotel & Airline)	<ul> <li>Copies of boarding pass, ticket, and baggage tags.</li> <li>Original letter from the concern authority mentioning the amount paid to them or contracted to be paid due to the booking. Also confirming the cancellation and refund details If any</li> <li>Original tickets/itinerary, where you were originally supposed to travel</li> <li>Medical record (If the cancellation was due to any medical reason)</li> <li>Money receipt in advance for the amount paid or contracted to be paid due to the booking.</li> </ul>
Travel Loan Secure	<ul> <li>Documents as per Personal Accident Section</li> <li>Loan Statement from the Bank with the Outstanding Principal Loan Amount details</li> </ul>