

Claim No.: _____

BAGGAGE INSURANCE POLICY - CLAIM FORM

Issuance of this form does not imply acceptance of the liability.

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No.		Claim No.	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
2. Customer ID			
3. Address of the Insured			
Plot No./Door No.		Building name	
Road		Area	
City		Pin Code	
State		Phone No.	
E-mail Id			
UID Aadhar No.		PAN No.	
Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline)			
4. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		

SECTION 2 - DETAILS OF THE LOSS OCCURED

5. a) Date of occurrence of loss	Date: DD / MM / YYYY Time: HH / MM AM / PM
b) Date of discovery of loss	DD / MM / YYYY
c) Where did the loss occur?	
d) By whom was the loss reported? (A copy of written statement to be attached)	_____ _____ _____

indusindinsurance.com 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Baggage Insurance Policy. UIN: IRDAN103RP0019V01200102 / IRDAN103CP0006V01201920. IGI/MCOM/CO/MI-12/CF/VER.1.1/150426.


IndusInd
 Insurance App


Download Now



6. Brief details as to the exact circumstances under which the loss occurred

7. Has a complaint been lodged with the police?

☐ Yes ☐ No

If so, by whom and when and at which Police Station? Attach a copy of the Police Complaint.

8. Has a complaint been lodged with Railways, shipping company, Airline, Roadways, hotel proprietors or the authority in whose care the baggage was at the time of loss or damage?

☐ Yes ☐ No

Attach a copy of the complaint lodged.

9. What steps have been taken to recover lost money?

10. In case of organisations covering their employees:-

a) When did the employee concerned enter your service?

DD / MM / YYYY

b) Was he involved in a similar loss before?

☐ Yes ☐ No

11. Have you ever before sustained a loss of this nature?

☐ Yes ☐ No

If so, give particulars.

12. Are there any other insurance upon the same articles?

☐ Yes ☐ No

If so, give details.

SECTION 3 - BANK DETAILS

Would you like to opt for NEFT payment?

☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

A/C Holder Name as in Bank Record ☐ Mr. ☐ Mrs. ☐ Ms.

F I R S T M I D D L E L A S T

City

State

Account No.

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



SECTION 4 - DETAILS OF ARTICLES LOST/DAMAGED

Description	Value (₹)
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____
	₹ _____

DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.
 I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured _____

PLEASE COURIER DOCUMENTS TO THE BELOW ADDRESS:

Health Care: IndusInd General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081. Email: services@indusindinsurance.com.

REGISTERED & CORPORATE OFFICE ADDRESS:

IRDAI Registration No. 103, IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance), Registered & Corporate Office: 6th Flr., Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (E), Mumbai - 400083.

For assistance call **(022) 4890 3009 (Paid)**



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IndusInd
Insurance App



Download Now

