

Claim No.: _____

INDUSIND TRAVEL CARE POLICY - CLAIM FORM C

Name of the common carrier _____

Flight No. _____

From: DD/MM/YYYY

To: DD/MM/YYYY

Please complete the section relevant to your claim

LOSS OF TOTAL CHECKED BAGGAGE/ DELAY OF CHECKED-IN BAGGAGE

1.	Nature of Claim	☐ Loss	☐ Delay
2.	Date	DD/MM/YYYY	Time ____:____ Hrs.
3.	Location	3. Loss Amount	
4.	Number of pieces of baggage checked-in	5. Number of pieces of baggage lost/delayed	
6.	In case of baggage, Please specify the following		
	Scheduled Date of Arrival	DD/MM/YYYY	Scheduled time of Arrival ____:____ Hrs
	Actual date of Arrival	DD/MM/YYYY	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

7.	Date	DD/MM/YYYY	Time ____:____ Hrs.	Location	8. Loss Amount
9.	Passport Number				
10.	Please Provide The Details of The Incident				
11.	Please Provide The Details of The Police Report				
12.	(Please Attach A Copy of The Police Report): Reference No.				
	Date:	DD/MM/YYYY	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

13.	Date	DD/MM/YYYY	Time ____:____ Hrs.	Location	14. Loss Amount
15.	Driving License No.				
16.	Ticket / Boarding Pass No.				


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17.	Please Provide The Details of The Incident _____ _____ _____
18.	Please Provide The Details Of The Police Report _____ _____ _____
19.	(Please Attach A Copy Of The Police Report): Reference No. _____ Date: DD/MM/YYYY 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			
20.	☐ Trip Delay ☐ Trip Cancellation ☐ Trip Interruption ☐ Missed Connections Reason for Trip delay/Cancellation/Interruption ☐ Unforeseen Death/Medical Emergency. ☐ Delay by Common Carrier ☐ Lost or stolen passports, travel documents or money ☐ Natural Disaster in Destination Country ☐ Inclement weather ☐ Hijack of Common Carrier ☐ Felonious Assault to Insured Person ☐ Bankruptcy of Common Carrier ☐ Uninhabitable condition of the place of stay abroad due to fire, flood, vandalism, burglary, or natural disaster ☐ Abduction/Quarantine of the Insured Person Type of Trip Interruption ☐ Curtailment or Shortening of Original Trip ☐ Alteration or Change in Itinerary of Original Insured Trip		
21.	The person affected ☐ Insured Person ☐ Immediate Family Member of the Insured Person ☐ Traveling Companion		
22.	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 _____		



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23.	In case of trip delay and missed connection	
	Scheduled Date of Arrival DD/MM/YYYY	Scheduled time of Arrival _____:_____ Hrs
	Actual date of Arrival DD/MM/YYYY	Actual time of Arrival _____:_____ Hrs
	Number of Hours delayed:	

24.	In case of missed connection	
	Date Of Departure Of Connecting Flight DD/MM/YYYY	Time _____:_____ Hrs
25.	In case of trip cancellation/trip interruption	
	Date DD/MM/YYYY	Time _____:_____ Hrs
	Location	

26.	Whether accommodation & boarding provided by carrier? ☐ Yes ☐ No		
	Detail of Expenses incurred	Date	Place
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
		DD/MM/YYYY	
			Total
	Less Compensation Received From Airline		
	Net Amount		
	* In case of Delay, please provide details of purchases made _____		
	* In case of Loss, please provide details of items lost _____		

HIJACK DISTRESS ALLOWANCE			
27.	Place of Hijack	Date DD/MM/YYYY	Time _____:_____ Hrs
28.	Place of Release	Date DD/MM/YYYY	Time _____:_____ Hrs
29.	Please Provide The Necessary Details of The Incident _____		

PERSONAL LIABILITY	
30.	Please Provide The Name of Third Party Injured, If Applicable _____

31.	Please Provide The Details of Injury/Property Damaged _____	
32.	Please Provide The Details of The Court Award _____	
33.	Please Specify The Details of Amount Claimed _____	
34.	Date of Loss DD/MM/YYYY	Place of Loss _____
35.	Any other information you would like us to have _____	

EMERGENCY CASH ASSISTANCE		
1.	Date on Which Fund Was Loss DD/MM/YYYY	Place of Loss _____
2.	FIR Date DD/MM/YYYY	FIR Number _____
3.	Details of Incident of Loss of Fund _____	
4.	Local contact Person (INDIA) who can provide payment security	
	Name	
	Contact Details	Pan Card Number
5.	Please Provide The Details of The Items Lost _____	

POLITICAL RISK AND CATASTROPHE EVACUATION				
1.	Please detail out the reason for Evacuation _____			
2.	Original Travel Schedule Dates From DD/MM/YYYY To DD/MM/YYYY			
3.	Dates of Evacuation DD/MM/YYYY			
4.	Location of Evacuation From DD/MM/YYYY To DD/MM/YYYY			
5.	Details of Losses/ Expenses Incurred			
	Detail of Expenses incurred	Date	Place	Cost
		DD/MM/YYYY		
		DD/MM/YYYY		
	Total			


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BOUNCED BOOKING OF AIRLINE AND HOTEL

1.	Original Flight Schedule From DD/MM/YYYY To DD/MM/YYYY			
2.	Bounced Flight Booking Date From DD/MM/YYYY To DD/MM/YYYY			
3.	Please Share The Detailed Reason For The Bounced Booking _____			
4.	Details of Expenses Incurred			
	Detail of Expenses incurred	Date	Place	Cost
		DD/MM/YYYY		
		DD/MM/YYYY		
	Total			
5.	Original Schedule Hotel Accommodation From DD/MM/YYYY To DD/MM/YYYY			
6.	Date For Which Hotel Booking Was Bounced From DD/MM/YYYY To DD/MM/YYYY			
7.	Please Share The Detailed Reason For The Bounced Hotel Booking _____			
8.	Details of Expenses Incurred			
	Detail of Expenses incurred	Date	Place	Cost
		DD/MM/YYYY		
		DD/MM/YYYY		
	Total			

FRAUDULENT CHARGES (PAYMENT CARD SECURITY)

1.	Date of Fraudulent Transaction: DD/MM/YYYY
2.	Total Amount of Fraudulent Transaction: _____
3.	Name of the Financial Institute: _____
4.	Details of Incident of the loss: _____

GOLFER'S HOLE IN ONE

1.	Date	DD/MM/YYYY	Golf Course Name:
2.	City:		Country:


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3. Total Expenses Incurred:

ADVENTURE SPORTS

Name of the Sport involved _____

Date & Time of Incidence _____

Description of the incidence (Attach as seaprte sheet if required)	
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Date of Birth of Insured DD/MM/YYYY Name of The Hospital

Hospital Address

Illness/Final Diagnosis given by Treating Hospital/Doctor _____

Date of Admission DD/MM/YYYY Date of Discharge DD/MM/YYYY

Details of the treating Physician

Name	Address	Contact No	Registration Number

Please provide details of the Medical expenses related to your treatment - Should be as below table.

Please provide the details of the expenses related to your treatment

Detail of Expenses	In/Out Patient		Charges (Currency)	Rupees
	From	To		
			Paid	
			Outstanding	
			Total Due	

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP? ☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

HEALTH CARE ADDRESS:

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