

# International Travel Insurance Claim Form

**Guidelines for completion of the Claims form**

1. Claims Form consists of two parts - Information Sheet and Coverage
2. Please fill the Information Sheet along with the relevant annexure as per the desired coverage.
3. Please take the print out of only the relevant annexure.

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**In the event of a claim, contact our below 24 -hour helpline numbers**

In USA & Canada (Toll Free)	+ 1 844 871 1200
Rest of The World (Call Back Facility)	+ 91 124 449 8778
National Toll Free Number	1800 102 5721
Fax Number	+ 91 124 4006674
Email Address	icicilombard@falck.com

# INFORMATION SHEET

## INSURED DETAILS

Policy No.: \_\_\_\_\_  
Policy Start Date:     /    /             Policy End Date:     /    /              
(First) (Middle) (Last)  
Full Name: \_\_\_\_\_  
Date of Birth:     /    /             Sex: Male  Female   
Current Address: \_\_\_\_\_  
Address in Country of Residence: \_\_\_\_\_  
Phone No. Overseas: \_\_\_\_\_ Phone No. India: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Email ID: \_\_\_\_\_  
Passport No.: \_\_\_\_\_ Claims Ref No.:(As provided) \_\_\_\_\_

Every claim has to be accompanied with original ticket/ boarding pass or copy of the passport indicating the travel dates.

## CLAIMANT INFORMATION (If different than "Insured Information" above)

Full Name: \_\_\_\_\_  
Date of Birth:     /    /             Sex: Male  Female  Relationship with the Policyholder: \_\_\_\_\_  
Claimant's Address: \_\_\_\_\_  
Phone No. (Off): \_\_\_\_\_ Phone No. (Res): \_\_\_\_\_  
Email ID: \_\_\_\_\_

In what capacity are you making this claim?

### Terms and conditions

1. The Insured shall ensure that the Insured has received, read and understood the terms and conditions as contained in Part II and III of the Policy. If the Insured has not received Part II and Part III of the Policy, please email at customersupport@icicilombard.com.
2. In the event of an Accident or sudden Illness or occurrence of any other contingency covered under the Policy, the Insured shall immediately contact the Help Line number and register his/ her claim furnishing the necessary details.
3. Failure of immediate intimation to the helpline may result in the Insured's claim being prejudiced and in no case being admitted for more than 75% of the claim. No expenses however beyond a limit of US\$ 1000 shall be incurred by the Insured without prior approval from the Company.
4. This condition shall be applicable even in cases where the Insured would like to pursue his claim only on his return to his place of residence in spite of his meeting with the contingency covered herein whilst abroad.
5. Please note, Deductible amount as mentioned in Policy Schedule must be borne by you.
6. Issuance of the claims form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
7. No claim under Accident & Medical Section will be admitted without Doctor's Report as per format.
8. Please answer all questions completely. In case of insufficient space, please attach additional sheets.
9. Please attach original of all bills, receipts, credit card slips pertaining to your claim. Every claim has to be accompanied with original ticket/ boarding pass or copy of passport indicating the travel dates.

## DECLARATION

I/We hereby agree, affirm and declare that:

1. The statements/ information given/ stated by me/ us in this claim form are true, correct and complete.
2. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/ similar claim) has been made or lodged with any other insurance company.
3. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
4. If I/ We have given/ made any false or fraudulent statement/ information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/ We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
5. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and documents in respect of the claim.
6. I do hereby authorize International Subrogation Management (ISM) to inquire and obtain any information regarding my accident. Further, ICICI Lombard is hereby authorized to release any and all information, including copies of pertinent documents, which ISM may deem necessary in order to satisfy their inquiry, If during the investigation, ISM has identified a potential recovery source, allowing the Plan Participant's employer to recover paid benefits, ISM is authorized to release any all records they deem necessary in order to pursue the recovery.
7. The company can, while assessing the claim, call for the additional documents which the Company deems fit for assessment of the claim.

Dated:     /    /             Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

AUTHORIZATION BY INSURED/ ON BEHALF OF THE INSURED

1. I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the Insured to release any information requested regarding this claim and the loss reported.
2. I understand ICICI Lombard General Insurance Company Ltd, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim, will use this information.
3. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original.
4. I agree that this authorization shall be valid for the duration of this claim. I also authorize Assistance Service Provider, on behalf of ICICI Lombard General Insurance Company Limited, to obtain any medical records or information to process this claim.
5. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNED (Claimant or authorized person)

Relationship with the Insured

Dated:     /    /             Place:                                 

\_\_\_\_\_  
Insured's Signature



**Annexure 2: REPATRIATION OF REMAINS**

Cause/ Circumstances of death: \_\_\_\_\_

Date of death of Insured:    /    /

Details of expenses incurred for repatriation of Remains/ Funeral:

Sr. No.	Details of expenses	Date	Expenses in Foreign Currency
		<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"/>	
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Total:			

Documents to be submitted in support of the claim:

1. Photocopy of the death certificate providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the postmortem certificate wherever required by the Assistance Service Provider), issued by the appropriate authority where the contingency has arisen.
2. Proof for expenses incurred towards disposal of the mortal remains.
3. In case of transportation of the body of the deceased to the Country of Residence of the Insured, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the air transportation of the mortal remains of the deceased to the Country of Residence of the Insured.

Dated:    /    /       Place:

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 3: CHECKED-IN BAGGAGE LOSS/ DELAY**

Describe when & where the Loss/ Delay took place: \_\_\_\_\_

State the extent of Delay/ Loss: \_\_\_\_\_

Name the common carrier: \_\_\_\_\_

**Flight Details:**

1. Flight No.: \_\_\_\_\_ From DD/MM/YYYY To: DD/MM/YYYY

2. Flight No.: \_\_\_\_\_ From DD/MM/YYYY To: DD/MM/YYYY

Port of Delay/ Loss: \_\_\_\_\_

Actual Date & Time of Arrival of flight at Port: DD/MM/YYYY HH:MM

Actual Date & Time when Bags were delivered: DD/MM/YYYY HH:MM

No. of Hours of bag delay: \_\_\_\_\_ Had the common carrier been notified at the time of loss? Yes  No

Details of compensation received from carrier: \_\_\_\_\_

Sr. No.	Item Purchased/ Items Lost	Date of Purchase	Cost in Foreign Currency (In INR for loss claim)
Total:			
Compensation From Airlines:			
Net Amount:			

**Documents to be submitted in support of the claim for Checked-in Baggage Loss:**

1. Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage.
2. Property irregularity report issued by the Common Carrier.
3. Voucher of the Common Carrier for the compensation paid for the non-delivery/ short delivery of the Checked-In Baggage.
4. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery/ short delivery of the Checked-In Baggage.
5. In case of items of individual value equal to or more than US\$ 100 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of the Assistance Service Provider).

In case of compensation from the Common Carrier having been received after payment of the claim by the Company hereunder, the Insured shall repay to the Company such amount in excess of his/ her loss after taking into account the amount of claim received from the Company and at that received from the Common Carrier.

In case the undelivered Checked-In Baggage is subsequently traced by the Common Carrier and offered for delivery to the Insured, the Insured shall take delivery of the Checked-In Baggage and refund the amount paid by the Company hereunder. In case of delivery of part of the Checked-In Baggage, the amount paid by the Company attributable to such Checked-In Baggage shall be refunded by the Insured to the Company.

**Documents to be submitted in support of the claim Checked-in Baggage Delay:**

1. Property irregularity report stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage issued by the Common Carrier.
2. Voucher of the Common Carrier for the compensation paid for the delay in delivery of the Checked-In Baggage.
3. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage.

Dated: DD/MM/YYYY Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 4: PASSPORT LOSS**

Please provide details of the incident leading to loss of passport \_\_\_\_\_

Date of loss of Passport:   /  /   Place of loss of Passport: \_\_\_\_\_

Expenses incurred in obtaining new passport: \_\_\_\_\_

Sr. No.	Details of Expenses	Date	Expenses in Foreign Currency
Total:			

Documents to be submitted in support of the claim:

1. Police Report in original.
2. Details of the attempts made to trace the passport.
3. Statement of claim for the expenses incurred.
4. Receipt for payment of charges for obtaining an emergency certificate at the place of loss of the passport.
5. Receipt for charges for obtaining duplicate passport at the Country of Residence of the Insured.

In event the passport originally reported lost being traced and made available to the Insured, anytime before the emergency certificate at the place of loss of the passport or the duplicate passport at the Country of Residence of the Insured is issued to the Insured, the Insured shall intimate the concerned authorities forthwith and apply for the refund of the money paid with the application for emergency certificate or duplicate passport, as the case may be. The Insured shall then refund to the Company such amount as has been refunded by the authorities.

Dated:   /  /   Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 5: PERSONAL LIABILITY**

Date of Loss:    /    /

Place of Loss: \_\_\_\_\_

Name of aggrieved Third Party:

Amount of Liability:

Documents to be submitted in support of the claim

- 1. Statement of claim furnishing particulars of the event leading t the liability/ details of injury/ property damaged.
- 2. Photocopy of the police report wherever reported.

Dated:    /    /     Place:

\_\_\_\_\_  
Claimant's/ Insured's Signature



**Annexure 6: PERSONAL ACCIDENT & ACCIDENTAL DEATH (COMMON CARRIER)**

Please state circumstances of accident i.e. how, when, where it took place: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

State diagnosis and nature of treatment/ surgery under taken: \_\_\_\_\_

Provide name, address & telephone number of Hospital/ Clinic: \_\_\_\_\_

Treating Doctor's Name & Qualifications: \_\_\_\_\_

Treating Doctor's Telephone Number: (O) \_\_\_\_\_ (M) \_\_\_\_\_

Dates of treatment: From DD/MM/YYYY To: DD/MM/YYYY

**Attending Doctor's Report**

Date doctor contacted: DD/MM/YYYY Time: HH:MM

Nature of Ailment: \_\_\_\_\_

State diagnosis and nature of treatment provided: \_\_\_\_\_

Describe any other disease or infirmity affecting present condition: \_\_\_\_\_

Was the accident due to Pregnancy: Yes  No

Was the accident due to any pre-existing condition: Yes  No  If yes, please give details: \_\_\_\_\_

Can the patient be evacuated back to the Republic of India? Yes  No

**Loss Incurred (Please tick):**

Death

Permanent Total Disability:  (Details) \_\_\_\_\_

Permanent Partial Disability:  (Details) \_\_\_\_\_

**Documents to be submitted in support of the claim:**

1. Medical reports giving the details of the Accident, nature of Injury and the extent of disability.
2. In case of death of the Insured, death certificate issued by the Medical Practitioner who attended on the Insured.
3. Postmortem certificate to be produced if required by the Assistance Service Provider.  
Police report in original in case the Accident shall have taken place in a public place or premises.

Dated: DD/MM/YYYY Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 7: HIJACK DISTRESS ALLOWANCE**

Name of Carrier:   
Port of Hijack:   
Port of Release:   
Dates of Hijack: From: / / / / / / /  To: / / / / / / /   
Time of Hijack: From: : :

Documents to be submitted in support of the claim:

Certificate of Hijack from the aircraft/ ocean going vessels furnishing details of travel by the Insured, the fact of his/ her being held captive and confirmation of death, if death shall occur.

Dated: / / / / / / /  Place:

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 8: EMERGENCY CASH ADVANCE ASSISTANCE**

Date of Loss:     /    /        

Reason and circumstances of Loss: \_\_\_\_\_

Items lost: \_\_\_\_\_

Value of the Items lost:                 

I hereby declare that the above reason was the sole reason for the of my loss of travel funds. I also declare that there are no other sources of funds available to me and the financial assistance required by me are needed on an urgent basis to prosecute the remainder of my trip. I have made all efforts to recover my money unsuccessfully, and if I do secure my money at a future date, I shall repay to the Company the total claim amount given to me.

\_\_\_\_\_  
SIGNED (Claimant or authorized person)

Relationship with the Insured: \_\_\_\_\_

Documents to be submitted in support of the claim:  
Police report in original filed within 24 hrs of becoming aware of loss

Dated:     /    /         Place:                               

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 9: HOME INSURANCE**

Address of property where loss was sustained: \_\_\_\_\_

Date of Loss:       /       /            

Cause of Loss: \_\_\_\_\_

Exact description of nature of loss and it causes (in case of burglary, how was forceful entry gained into the premises and who is suspected of the same): \_\_\_\_\_

Occupants of the premises at the time of loss/ by whom it was discovered: \_\_\_\_\_

Has the loss been reported to the proper authorities? Yes  No  Please give details of where and to whom the loss has been reported along with the date and time (If not reported, please give reasons for the same): \_\_\_\_\_

Details of any other insurance cover for the property: \_\_\_\_\_

Details of Loss Incurred:

Sr. No.	Items lost due to fire/ burglary	Amount
Total		

Documents to be submitted in support of the claim

1. First Information Report
2. Panchnama
3. Investigation Report by the Police
4. Fire Brigade Report
5. Estimate and final bills of repairers
6. Invoices of owned articles, if required by the Company
7. Legal opinion wherever required
8. The statement of claim furnishing the details of items lost and the values thereof duly supported by purchase bills wherever available. In the event of the purchase bills not being available, he/ she shall render such evidence as may be required by the surveyor for the latter to arrive at the value of the lost items.
9. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

Dated:       /       /             Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 10: TRIP CANCELLATION & INTERRUPTION**

Trip Cancelled/

Trip interrupted/

Also claiming for Trip Regained

Reason for Trip Cancellation/ Interruption: \_\_\_\_\_

Please detail out the above reason for trip cancellation/ interruption (how, where, when and reason for the same):

Trip Cancellation/ Interruption date:    /    /

Original Travel Dates: From:    /    /      Time:   :

Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details) \_\_\_\_\_

Details of Losses/ Expenses Incurred:

Sr. No.	Loss/ Expenses Details	Amount
Total:		

Documents to be submitted in support of the claim:

1. In case of cancellation of the Trip either in the Country of Residence of the Insured or any other intermediate place forming part of the Trip by the Common Carrier solely resulting from contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, duly completed claims form to be accompanied by:
  - a. Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation;
  - b. Original used air ticket indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip the cancellation charges retained;
  - c. Original bill and a receipt/ letter obtained from the hotel and/ or guest house and/ or any other paid residential accommodation (available for fee) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained, wherever such accommodation has be arranged at the place of cancellation of the Trip;
  - d. Used air ticket in original for return journey from the place of cancellation to the Country of Residence of the Insured which indicate the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip.
2. In case the cancellation of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured arising out of the contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied by:
  - a. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his/ her Immediate Family;
  - b. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained;
  - c. Receipt/ letter obtained from the for the hotel and/ or guest house and/ or any other residential accommodation (available for a fee) indicating the cancellation charges retained, wherever such accommodation has be arranged at the place of cancellation of the Trip;
  - d. Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip.
3. In case the cancellation charges either for the Trip or part of it or in relation to the accommodation in a hotel/ guest house/ other residential accommodation is waived to the advantage of the Insured subsequent to any settlement of claim under this Benefit, the Insured shall forthwith return the sum paid by the Company to the extent of such waiver.

Dated:    /    /      Place:

\_\_\_\_\_  
Claimant's/ Insured's Signature



**Annexure 12: TRIP DELAY**

Reason for Trip Delay: \_\_\_\_\_

Please detail out the reason for trip delay (how, where, when, what was lost and reason for the same): \_\_\_\_\_

Original Travel Dates: From:     /    /         To:     /    /        

Trip delayed on:     /    /        

Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details) \_\_\_\_\_

**Details of Expenses Incurred:**

Sr. No.	Loss/ Expenses Details	Amount
<b>Total</b>		

**Documents to be submitted in support of the claim:**

In case of delay of the Trip either at the Country of Residence of the Insured or any other intermediate place forming part of the Trip by the Common Carrier solely resulting from contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, duly completed claims form to be accompanied by,

- a. Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation
- b. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained
- c. Receipt / letter obtained from the hotel and / or guest house and / or any other residential accommodation for a fee indicating the cancellation charges retained by the agency, wherever such accommodation has be arranged at the place of cancellation of the Trip
- d. Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference between the actual charges incurred for the return journey from the place of cancellation to the country of residence and the amounts obtained towards refund towards the unfulfilled portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the Insured)

In case the delay of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured arising out of the contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied by:

- a. A declaration from the Insured furnishing the circumstances that compelled him / her to cancel the Trip
- b. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Family
- c. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained
- d. Receipt / letter obtained from the for the hotel and / or guest house and / or any other residential accommodation for a fee indicating the cancellation charges retained by the agency, wherever such accommodation has be arranged at the place of cancellation of the Trip
- e. Report filed with the Police having jurisdiction over the place of loss reporting the loss of the passport or travel documents and the application made for a fresh passport / travel documents.
- f. Declaration from the Insured that the passport / travel documents has been recovered / returned to him / her with the date of such recovery / return or has not been recovered / returned or that alternative passport has not been obtained within the period for which the indemnity shall be available under the policy.
- g. Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference between the actual charges incurred for the return journey from the place cancellation to the country of residence and the amounts obtained towards refund towards the unfulfilled portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the Insured)

Dated:     /    /         Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 13: BOUNCED BOOKINGS- AIRLINES/ HOTELS**

Reason for Bounced Booking: \_\_\_\_\_

Please detail out the reason for the Bounced Booking (how, where, when, and reason for the same): \_\_\_\_\_

Original Travel/ Accommodation Dates: From:    /   /     To:    /   /

Days on which the booking was bounced:     /   /

Details of Expenses Incurred:

Sr. No.	Loss/ Expenses Details	Amount
<b>Total</b>		

Documents to be submitted in support of the claim:

1. A declaration from the Insured that he/ she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation.
2. A confirmation from the Common Carrier of the bounced booking solely at their instance and responsibility.
3. A confirmation from the accommodation provider of the bounced booking solely at their instance and responsibility.
4. Insured shall lodge his/ her claim on the Common Carrier and/ or the accommodation provider as the case may be for the additional charges that he/ she might have incurred for which he/ she has lodged a claim on this Company and in case of any recovery from the concerned agencies, shall return such recovery to the Company to extent of amount paid hereunder.

Dated:    /   /     Place:

\_\_\_\_\_  
Claimant's/ Insured's Signature



**Annexure 14: COMPASSIONATE VISIT**

Person Hospitalised: Insured  Family Member

Name of the person hospitalized (if not the Insured): \_\_\_\_\_

Relationship with the Insured: \_\_\_\_\_

Provide name, address & telephone number of Hospital/ Clinic: \_\_\_\_\_

Treating Doctor's Name & Qualifications: \_\_\_\_\_

Treating Doctor's Telephone Number:(O) \_\_\_\_\_ (M) \_\_\_\_\_

Dates of hospitalisation: From: DD/ MM/ YYY Y Time: HH:MM

Date of onset of symptoms: DD/ MM/ YYY Y

**Attending Doctor's Report**

Date on which doctor was contacted: DD/ MM/ YYY Y Time: HH:MM

Nature of Ailment: \_\_\_\_\_

State diagnosis and nature of treatment provided: \_\_\_\_\_

When did patient's symptoms first appear? DD/ MM/ YYY Y

Describe any other disease or infirmity affecting present condition: \_\_\_\_\_

Was the ailment due to Pregnancy: Yes  No

Was the ailment aggravated due to any pre-existing condition? Yes  No  If yes, please give details: \_\_\_\_\_

Can the patient be evacuated back to the Republic of India? Yes  No

Estimated time the patient would continue to be in the hospital? \_\_\_\_\_

**Expenses Details**

Sr. No.	Loss/ Expenses Details	Date	Amount
<b>Total</b>			

**Documents to be submitted in support of the claim:**

1. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or near relative during the entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.
2. Discharge summary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the member of the Family or near relative on all days of Hospitalization.
3. Original ticket used for the travel to and fro by the member of the Family or near relative.

Dated: DD/ MM/ YYY Y Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 15: EMERGENCY HOTEL EXTENSION**

Reason for Delay: \_\_\_\_\_

Please detail out the above reason for Delay (how, where, when and reason for the same): \_\_\_\_\_

Delay date:     /    /        

Original Travel Dates: From:     /    /         To:     :    

Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details) \_\_\_\_\_

**Details of Losses/ Expenses Incurred:**

Sr. No.	Loss/ Expenses Details	Date	Amount
<b>Total</b>			

**Documents to be submitted in support of the claim:**

1. Receipt for the amount paid to the hotel or guest house or any other accommodation provider for a fee for the charges per day paid towards accommodation.
2. Evidence as may be required by the Assistance Service Provider in case the delay is caused by Earthquake, Floods resulting from unseasonal rains, storm or cyclone or Terrorism.
3. Medical certificate furnishing details of date of admission and date of discharge together with the details of the Injury or Illness and the treatment rendered, obtained from the Medical Practitioner in case of delay being caused because of Hospitalization of the Insured or Insured's Family member or Traveling Companion resulting from any Injury or Illness to the Insured or Insured's Family member or Traveling Companion, as the case may be.
4. In case of loss of passport, a copy of the first information report in relation to the complaint lodged with the police having jurisdiction over the place of loss and a copy of the application lodged with the passport office for a duplicate passport.
5. In case of loss of travel documents, a copy of the report lodged with the Common Carrier for the loss of the travel documents and a confirmation from the latter that the Insured could not undertake the travel as scheduled.

In case of delay solely attributable to Common Carrier and beyond the control of the Insured a confirmation by the Common Carrier of the said delay having taken place at their instance together with a copy of the claim made on the Common Carrier for expenses incurred as a result of the delay.

Dated:     /    /         Place:   

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 16: LOSS OF BAGGAGE & PERSONAL EFFECTS**

Date of Loss:     /    /        

Reason and circumstances of Loss: \_\_\_\_\_

I hereby declare that the above reason was the sole reason for the Loss of my baggage & personal effects. I have made all efforts to recover my baggage & personal effects unsuccessfully, and if I do secure my baggage & personal effects at a future date, I shall repay to the Company the total claim amount given to me. \_\_\_\_\_

SIGNED (Claimant or authorized person) Relationship with the Insured

\_\_\_\_\_

SIGNED (Claimant or authorized person)

\_\_\_\_\_

Relationship with the Insured

Details of Losses/ Expenses Incurred:

Sr. No.	Loss/ Expenses Details	Amount
Total:		

Details of compensation received: \_\_\_\_\_

Documents to be submitted in support of the claim:

1. Copies of the letter addressed to the Common Carrier, police authorities and hotel/ guest house/ accommodation provider with their acknowledgment.
2. Copy of the first information report lodged with the police in relation to the complaint.
3. Reply if any in original received from the above referred authorities.
4. Evidence as may be required by the Assistance Service Provider for certification of the market value of the items lost whose individual value shall have exceeded US\$ 100.

Dated:     /    /         Place:                               

\_\_\_\_\_

Claimant's/ Insured's Signature

**Annexure 17: RETURN OF MINOR CHILD/ CHILDREN**

**In the Event of Hospitalisation**

Person Hospitalised: Insured  Family Member

Name of the person hospitalized (if not the Insured):

Relationship with the Insured:

Provide name, address & telephone number of Hospital/ Clinic:

Treating Doctor's Name & Qualifications:

Treating Doctor's Telephone Number:(O)  (M)

Dates of hospitalisation: From / /  Time: : :

Date of onset of symptoms: / /

**In Case of Death of the Insured**

Cause/ Circumstances of death:

Date of death of Insured:

**Attending Doctor's Report**

Date doctor contacted: / /  Time: : :

Nature of Ailment:

State diagnosis and nature of treatment provided:

When did patient's symptoms first appear?

Describe any other disease or infirmity affecting present condition:

Was the ailment due to Pregnancy: Yes  No

Was the ailment aggravated due to any pre-existing condition? Yes  No  If yes, please give details:

Can the patient be evacuated back to the Republic of India? Yes  No

Estimated time the patient would continue to be in the hospital? Yes  No

Is Medical Evacuation back to Republic of India needed? Yes  No  Please give detailed reasons of the ailment and reason for transportation:

**Expenses Details**

Sr. No.	Details of Expenses	Date	Expenses in Foreign Currency/ INR
Total:			

**Documents to be submitted in support of the claim:**

1. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or near relative during the entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.
2. Discharge summary of the Hospital furnishing details – date of admission, date of discharge, and the presence of the member of the Family or near relative on all days of Hospitalization.
3. Original ticket(s) used for the travel by the Minor Child(ren) back to the Country of Residence, if the ticket(s) are bought on behalf of the Insured without any interference of the Company
4. Photocopy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the postmortem certificate wherever required by the Assistance Service Provider, for cases where postmortem is conducted.), issued by the appropriate authority where the contingency has arisen.

Dated: / /  Place:

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 18: POLITICAL RISK AND CATASTROPHE EVACUATION**

Reason for Evacuation: \_\_\_\_\_

Please detail out the above reason for Evacuation (how, where, when and reason for the same): \_\_\_\_\_

Evacuation date:     /    /         Original Travel Dates: From:     /    /         Time:     :    

Details of Losses/ Expenses Incurred: \_\_\_\_\_

Sr. No.	Loss/ Expenses Details	Amount
Total:		

Documents to be submitted in support of the claim:

1. Official Declaration by embassy of Country of Residence of the Insured.
2. Original Invoice of Hotel Accomodation during the period Insured is unable to return to the Country of Residence.
3. Original ticket(s) used for the travel back to the Country of Residence.

Dated:     /    /         Place:   

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 19: BAIL BOND**

Name and contact details of the detaining authority: \_\_\_\_\_

The offense for which the insured is in custody: \_\_\_\_\_

Is this offense bailable as per the laws of the country? Yes  No

Please attach the court order stipulating the required amount as bail bond. Please attach more sheets to give details, if necessary.

Dated:     /    /         Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 20: SPONSOR PROTECTION**

Name of the sponsor: \_\_\_\_\_

Cause of accident causing the demise of the sponsor: \_\_\_\_\_

Nature of injury causing the demise of the sponsor: \_\_\_\_\_

Place of accident of the sponsor: \_\_\_\_\_

Name, address and telephone number of hospital/ clinic where treatment was given to the sponsor: \_\_\_\_\_

Name of treating doctor of the sponsor: \_\_\_\_\_

Details of medical/ surgical treatment given to sponsor: \_\_\_\_\_

Dates on which the sponsor was given medical/ surgical treatment: From: DD/MM/YYYY To: DD/MM/YYYY

Please attach medical reports, doctor's statement giving the details of the sponsor and cause of death, and the death certificate of the sponsor. Medical statements from relations/ spouse will not be accepted. Please attach more sheets to give details, if necessary.

Tuition fees Claimed: \_\_\_\_\_

Dated: DD/MM/YYYY Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature

**Annexure 21: STUDY INTERRUPTION**

Due to hospitalisation of the insured

Name, address and telephone number of hospital/ clinic where treatment is being given: \_\_\_\_\_

Name of treating doctor: \_\_\_\_\_

Details of ailment: \_\_\_\_\_

Cause of the ailment: \_\_\_\_\_

Was the ailment/ incident caused due to/ aggravated due to a pre-existing condition? Please give details: \_\_\_\_\_

Date of onset of ailment:     /    /         Nature of treatment: \_\_\_\_\_

Dates of hospitalisation: From:     /    /         To:     /    /        

Reason for medical evacuation (if applicable): \_\_\_\_\_

Reason for not continuing studies abroad: \_\_\_\_\_

Tuition fees paid in advance for the year: \_\_\_\_\_

Due to death of sponsor or immediate family member

Name of the sponsor/ immediate family member: \_\_\_\_\_

Cause of accident causing the demise of the sponsor/ reason for death of immediate family member: \_\_\_\_\_

Nature of accident causing the demise of the sponsor: \_\_\_\_\_

Place of accident of the sponsor: \_\_\_\_\_

Name, address and telephone number of hospital/ clinic where treatment was given to the sponsor/ the immediate family member: \_\_\_\_\_

Name of treating doctor: \_\_\_\_\_

Details of medical/ surgical treatment: \_\_\_\_\_

Dates of medical/ surgical treatment: From:     /    /         To:     /    /        

Reason for not continuing studies abroad: \_\_\_\_\_

Tuition fees paid in advance for the year: \_\_\_\_\_

Please attach medical reports, statements from the treating doctor and death certificate as proof of the above. Medical statements from relations or spouse will not be accepted. Please also attach the receipts of the university fees paid. Please attach more sheets to give details, if necessary.

Dated:     /    /         Place: \_\_\_\_\_

\_\_\_\_\_  
Claimant's/ Insured's Signature





ALL CLAIM SETTLEMENTS SHOULD BE MADE THROUGH NEFT (AS PER IRDA CIRCULAR), PLEASE PROVIDE YOUR BANK ACCOUNT DETAILS.

**CLAIM DETAILS**

Patient's Name: \_\_\_\_\_  
 (in respect of whom claim is made):  
 Policy Number: \_\_\_\_\_  
 Card No./ UHID No.: \_\_\_\_\_  
 Group/Company Name (for Group/Corporate policy holders): \_\_\_\_\_  
 Claim Number (if allotted): \_\_\_\_\_ Mobile/ Contact No.: \_\_\_\_\_

As per IRDA Circular No.: IRDA/F&A/CIR/GLD/056/02/2014, Proposer's/ policy holder's bank account details are mandatory to process the claim through EFT.

Please provide ANY ONE of the below documents of proposer/ policy holder-

- Please provide a self-attested copy of a valid Identity proof of the Proposer/Policy holder (provide any of the mentioned documents in Proof of Identity under Part-D)
- Cancelled cheque copy
- Bank attested copy of Passbook with IFSC code

Please provide the below details (all fields are compulsory)

**BANK DETAILS**

- Proposer/ policy holder name\* (as per bank records): \_\_\_\_\_
- Proposer/ policy holder Bank account no.: \_\_\_\_\_
- Name of the bank: \_\_\_\_\_
- Branch name: \_\_\_\_\_
- Address of the bank: \_\_\_\_\_
- IFSC code no. of the bank: \_\_\_\_\_ (should be same as per the provided cheque leaflet)

\*Proposer/ policy holder is the person who has paid premium for the policy. All the above details and document(s) should be of Proposer/ policy holder only.

**Terms and Conditions for Payments through RTGS/ NEFT**

1. The details provided by the Proposers/ policy holder in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Proposer(s)/ policy holder within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Proposer/ policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/ policy holder Accounts No. on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/ inaction/ failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Proposer/ policy holder agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. ICICI Lombard General Insurance Company Ltd. May sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Proposer/ policy holder may discontinue or terminate the use of RTGS/ NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The notice of, such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd., ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025.
6. A confirmation of the receipt of termination notice given by the Proposer/ policy holder will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Proposer/ policy holder stating the date of receipt of such communication by the Proposer/ policy holder.
7. The Proposer/ policy holder agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/ policy holder only.
8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of ten days for such changes wherever feasible for the Terms and Conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Proposer/ policy holder shall be deemed to have accepted the changed Terms and Conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these Terms and Conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Proposer/ policy holder.
11. These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
12. I/We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Proposer/ policy holder through any other source.
13. I/We agree that my/ our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Proposer/ policy holder.

Account holder's Signature

KYC is required only for Individual/ Retail policy holders if the total claimed amount exceeds ₹ 100,000.

Patient's Name: \_\_\_\_\_  
(in respect of whom claim is made):

Policy Number: \_\_\_\_\_

Card No./ UHID No. \_\_\_\_\_

Group/Company Name (for Group/Corporate policy holders): \_\_\_\_\_

Claim Number (if allotted) \_\_\_\_\_ Mobile/ Contact No. \_\_\_\_\_

The below KYC documents are mandatory as per AML guidelines by IRDA

1.  Two passport size photos of Proposer (stick in the space provided below)
2.  One photocopy of proof of identity of Proposer (any 1 in the below list)
3.  One photocopy of proof of residence of Proposer (any 1 in the below list)

Proof of Identity <small>(Any one of below mentioned documents required)</small>	Proof of Residence <small>(Any one of below mentioned documents required)</small>
<input type="checkbox"/> Passport	<input type="checkbox"/> Electricity bill
<input type="checkbox"/> PAN card	<input type="checkbox"/> Ration card
<input type="checkbox"/> Voter's Identity card	<input type="checkbox"/> Letter from any recognized public authority
<input type="checkbox"/> Driving license	<input type="checkbox"/> Current statement of bank account with details of permanent/ present residence address (as downloaded)
<input type="checkbox"/> Personal identification and certification of the employees of the insurer for identity of the prospective policyholder.	<input type="checkbox"/> Current passbook with details of permanent/present residence address (updated upto the previous month)
<input type="checkbox"/> Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number.	<input type="checkbox"/> Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof.
<input type="checkbox"/> Job card issued by NREGA duly signed by an officer of the State Government	<input type="checkbox"/> Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
<input type="checkbox"/> Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer	<input type="checkbox"/> Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

#### Proofs of (both) Identity and Residence

<input type="checkbox"/> Passport
<input type="checkbox"/> Written confirmation from the banks where the prospect is a customer, regarding identification and proof of residence.
<input type="checkbox"/> Current passbook with details of present/ permanent residence address (updated to the previous month)
<input type="checkbox"/> Current statement of Bank account with details of present/ permanent residence address (as downloaded)

Stick Proposer's Photographs



\_\_\_\_\_  
Claimant's Signature