

Claim Form - Overseas Student Travel Insurance

(The issuance of this Form does not imply admission of liability)

- The issuance of this form is not to be taken as an Admission of Liability. Please answer all questions completely. Use additional sheet, if required. Please attach the document required as indicated. Please note that the list of documents mentioned is an indicative list; the insurer may ask for any other documents to process the claim. Please attach the medical report in the enclosed format for claim under Personal Accident

A. Details of The claimant:

Name of Claimant (in full) _____ Mr. Mrs. Ms. Dr. Prof. M/s. _____

Policy Number _____ Period of Insurance 2 0 0 Y To 2 0 0 Y

Address _____

City _____ State _____ Pin Code _____

Telephone Number _____ Mobile Number _____

Educational Institute _____ E-mail _____

a. Name of the Institute. _____ b. Name of the course _____ c. Duration Of the course _____

Relationship of claimant with the insured _____ Date of commencement of Trip 2 0 0 Y Date of Scheduled Return 2 0 0 Y

Section to which Claim pertains (Please tick whichever is applicable)

Medical Expenses Repatriation of Remains Dental Treatment Expenses Total Loss of Checked Baggage

Bail Bond Study Interruption Sponsor Protection Compassionate Visit

Personal Accident - Overseas Personal Liability Personal Accident - Domestic

B. Medical Expenses - Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of the disease contracted _____

When disease first manifested (Date) 2 0 0 Y Date when treatment started 2 0 0 Y Date when treatment ended 2 0 0 Y

Date of admission 2 0 0 Y Date of discharge 2 0 0 Y

Name of Treating Doctor _____ Name of Clinic / Hospital _____

Address _____

Contact number _____ Nature of Disease/Injury (Please describe briefly) _____

Hospital expenses (Please show each head separately; Please mention in US Dollars)

Room rent Consultancy Charges Cost of treatment

Other costs Outpatient expenses Total Claim Amount

Transportation Expenses - if you are claiming for the extra costs of transportation home (for self and / or accompanying person), mortal remains or burial expenses, please provide following details

Name of airlines Burial Details

Expenses incurred Other incidental costs with bifurcation of expenses

C. Dental Treatment Expenses - Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of the disease contacted _____

When disease first manifested (Date) 2 0 0 Y Date when treatment started 2 0 0 Y Date when treatment ended 2 0 0 Y

Date of admission 2 0 0 Y Date of discharge 2 0 0 Y

Name of Treating Doctor _____ Name of Clinic / Hospital _____

Address _____

Contact number _____ Nature of Disease/Injury (Please describe briefly) _____

Hospital expenses (Please show each head separately; Please mention in US Dollars)

Room rent Consultancy Charges Cost of treatment

Other costs Outpatient expenses Total Claim Amount

D. Loss of Passport - Please attach Copy of new passport, Copy of previous passport (if available), Original bills / invoices of expenses incurred for obtaining a new passport, Copy of FIR / police report.

Date of Loss 2 0 0 Y Application Document fees _____ Incidental Cost _____ Total Claim Amount _____

E. Total Loss of Checked-In Baggage - Please attach the details of individual items lost, approximate cost and purchase date, Copies of baggage tags, Copies of correspondence with airline authorities / others about loss of checked baggage, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Copy of the passport / visa with entry & exit stamp, Adequate proof of ownership of items contained within checked-in-baggage valued in excess of the Indian rupee equivalent of US \$ 100 for loss/delay of checked-in-baggage will need to be submitted.

Number of Checked - In Baggage

