

TRAVEL SAFE CLAIM FORM

FOR OFFICE USE ONLY				
Issuing office	:			
Date of Issue	:			
Claim No	:			

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Telephone: 044-852 2123 Fax: 044-851 7384 E-mail: royalsundaram@vsnl.net

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

THE ISSUE OF	THIS FORM IS NOT TO B	L IMILLIA UD UIA	ADMINUSTOR OF LIADILITY		
Please ensure that all questions are answered in capital letters using an ink pen					
Policy Number		Certificate Number			
Card Number / Account Number		Name of the Bank			
■ 1. INSURANCE D	DETAILS				
Name of the Ir	nsured				
Address for Correspondence (with Pin Code)					
Telephone Day	rtime / Mobile No.	STD Code:			
Telephone Evening		STD Code :			
E-mail ID					
■ 2. LOSS OF BAG	GAGE AND / OR PASSPORT				
Date of the Lo	ss		(DD/MM/YY)		
Time of Loss			(AM/PM)		
Place of Loss					
Circumstances	of loss				

Was the loss reported to the Poli	ce?	Yes [N	о
If 'Yes' please give the address of the Police Station. If 'No' please give reasons why				
Police Crime reference No.				
Was the loss reported to the Transport provider / Appropriate authority / Hotel or Consulate authority ?		Yes [N	о
If 'Yes', please give full name and address to whom the loss was reported If 'No', please give reasons why				
Has the claim been lodged on the appropriate authority ?		Yes [N	0
If 'Yes', please provide full details If 'No', please give reasons why	6			
LOCG OF BACCACE				
LOSS OF BAGGAGE				
Date of Purchase	Full descrip	tion of item	Sum claime	d for Present Value
	Full descrip	tion of item	Sum claime	d for Present Value
	Full descrip	tion of item	Sum claime	d for Present Value
	Full descrip	tion of item TOTAL	Sum claime	d for Present Value
Date of Purchase	Full descrip		Sum claime	d for Present Value
Date of Purchase Please enclose			Sum claime	d for Present Value
Please enclose Copy of written complaint m	ade to the Police	TOTAL	Sum claime	d for Present Value
Please enclose Copy of written complaint m Copy of written complaint m	ade to the Police ade to Transport P	TOTAL rovider.		d for Present Value
Please enclose Copy of written complaint m Copy of written complaint m Copy of written complaint m	ade to the Police ade to Transport P ade to Hotel Autho	TOTAL rovider.		d for Present Value
Please enclose Copy of written complaint m Copy of written complaint m Non-traceable certificate from	ade to the Police ade to Transport P ade to Hotel Author	TOTAL rovider.		d for Present Value
Please enclose Copy of written complaint m Copy of written complaint m Copy of written complaint m Non-traceable certificate from Reply received from the relevant	ade to the Police ade to Transport P ade to Hotel Authorities	TOTAL rovider. prities / Appropriate		d for Present Value
Please enclose Copy of written complaint m Copy of written complaint m Copy of written complaint m Non-traceable certificate from Reply received from the relevant	ade to the Police ade to Transport P ade to Hotel Authorities	TOTAL rovider. prities / Appropriate		d for Present Value
Please enclose Copy of written complaint m Copy of written complaint m Copy of written complaint m Non-traceable certificate from Reply received from the relevant	ade to the Police ade to Transport P ade to Hotel Authorities	TOTAL rovider. prities / Appropriate		d for Present Value

LOSS OF PASSPO	JKI					
Passport Number	Expiry date of Passport	Date of Ex	pense	Description of Expense	Expenses claimed	
		I		TOTAL		
Please enclose Copy of written report made to police or immigration authority or consular authority. Reply received from the relevant authorities. Original bills and receipts for expenses claimed. Copy of fresh / duplicate passport.						
Name of th	CHECKED IN BAGGAG	r.				
Name of th	ie Airiine					
Baggage check number issued by the airline						
Date and time of your arrival at your destination				(DD/MM/YY) (AM/PM)		
Date and time of receipt of your baggage at your destination			(DD/MM/YY) (AM/PM)			
Duration o	f delay			,		
Date of Ex	kpense	Description of Expense		se Exp	enses Claimed	
			TC	OTAL		
Please enclose Copy of complaint made to the airline. Certificate from airline confirming the period of delay. Original bills and receipts for expenses claimed.						

4. DELAYED FLIGHT					
Date and time of Sche	duled depa	arture			
			(DD/MM/YY)	(AM/PM)	
Date and time of actual departure			(DD/MM/YY)	(AM/PM)	
Duration of delay					
Date of Expense		Description	of Expense	Expenses Claimed	
	·		TOTAL		
Please enclose					
Certificate from	airline coi	nfirming the period	d of delay of flight.		
Original bills and receipts for items claimed.					
■ 5. DETAILS OF OTHER INSURANCE COVERING THIS LOSS.					
Company Name & Address	Poli	icy Number	Sum Insured	Period of Insurance	
Has a claim been reported to any other Insurer in respect of this incident ?			Yes [No	
If 'Yes' please provide full details					
■ 6. DECLARATION					
I hereby declare that the foregoing statements made by myself are true in all respect. I have not attempted to conceal from the Company anything with which it ought to be made acquainted. I agree that if I have made, or will make any false or fraudulent statement whatsoever, the Policy shall be void and my right to compensation forfeited.					
Place :					
Date :					
(DD/MM/YY)			Signature o	or thumb Impression of the Insured	

Please check that all questions have been completed in full and the form signed, dated and the required documents / bills attached.