



Royal Sundaram

**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

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 DETAILS

Name of the Insured

Address for Correspondence
(with Pin Code)

Telephone Daytime / Mobile No.

STD Code :

Telephone Evening

STD Code :

E-mail ID

■ 2. LOSS OF BAGGAGE AND / OR PASSPORT

Date of the Loss

(DD/MM/YY)

Time of Loss

(AM/PM)

Place of Loss

Circumstances of loss

4. DELAYED FLIGHT

Date and time of Scheduled departure

(DD/MM/YY)	(AM/PM)
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Date and time of actual departure

(DD/MM/YY)	(AM/PM)
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Duration of delay

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Date of Expense	Description of Expense	Expenses Claimed
TOTAL		

Please enclose

- Certificate from airline confirming the period of delay of flight.
- Original bills and receipts for items claimed.

5. DETAILS OF OTHER INSURANCE COVERING THIS LOSS.

Company Name & Address	Policy 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

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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)

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Signature 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.