Overseas Travel Insurance

Claim Form



IMPORTANT:

Please contact our 24-hour helpline (our Assistance Center) on

For excluding the Americas Policies : Call: +91 - 022 68227600

Email - ea.tataclaims@europ-assistance.in

For the Americas Policies: Please call: +1-833-440-1575 (Tollfree within US and Canada)

Email - tata.aig@europ-assistance.in

Failure to call our Assistance Company on 24-hour helpline, in respect of Medical Accident & Sickness Claims shall invalidate your claim, if any.

- 1. This is a One Call Claim Form, except for Accidental Death & Dismemberment (ADD). For ADD, we shall provide a separate Claim Form upon notification.
- 2. Issuance of the form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
- 3. No claim under Accident & Sickness Section will be admitted without Doctor's Report as per format (Attending Doctor's Report Page 3)
- ${\it 4. \ Please answer all questions completely. In case of insufficient space, please attach an additional sheet.}$
- 5. Please attach all Original bills & receipts pertaining to your claim.

Insurance Cert. No./Ca	rd No.	Period: Fron	n: D	DN	M	Υ	Y	Υ	Υ	to:	D	D	Μ	Μ	Y	Υ	Y	Y
DETAILS OF PATIENT/	INSURED PERSON																	
Name of the Insured																		
Name of the Employee																		
	Employee No.																	
Name of the Claimant																		
	Phone Nos.																	
Permanent Address (INDIA)																		
	City																	
	State				PI	N												
	Phone (O)				(R)												
	Fax				M	obile	9											
Bank Account Details:	Account Name:																	
	Account No.:						IFS	СС	ode									
Name of the Bank & Address																		
	City																	
	State				PI	N												
	E-mail																	
	Date of Birth: D D M M Y Y	YY					I	Mar	ital st	atus:	M	arrie	ed		S	Sing	le	
	Assistance Company Ref No.:				_ Pa	asspo	ort l	No.	:									
	Date of Departure: D D M M Y	Y Y Y Y	Fligh	t No.			F	ron	า				t	0				
	Date of Arrival: D D M M Y	Y Y Y	Fliah	t No.			F	ron	n				t	0				

MEDICAL ACCIDENT & SICKNESS BENEFIT/RMR/SICKNESS DENTAL RELIEF/EMERGENCY MEDICAL EVACUATION

If accident, details of accident i.e. how, when, where it took place: _

Date: D D M M Y Y Y Place: ____

If sickness, state nature and diagnosis, and advise when & where symptoms first occurred: _

Date: D D M M Y Y Y Y Place:

Name & Address of consulting physician:				
	City			
	State	PIN		
	Phone (O)	(R)		
	Fax	Mobile		
Date: D D M M Y	Y Y Y		Place:	
Have you ever been trea	ated for this illness before:			Yes No
lf yes, provide name & address of consulted physician:				
	City			
	State	PIN		
	Phone (O)	(R)		
	Fax	Mobile		
Provide name &				
address of your				
family physician:				
	City			
	State	PIN		
	Phone (O)	(R)		
	Fax	Mobile		

Provide name of any prescription medicine you are presently taking: _

Indicate other health insurance coverages, including name, address, policy number & certificate number of insurer:

AUTHORIZATION

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records, a photostat copy of this authorization shall be considered as effective and valid as the original.

Signature of insured :_____

DETAILS OF MEDICAL EXPENSES

Details of treatment	In/Out	Patient	Charges (Currency)	Status of Payment
	From	То	Eg : USD / EURO	Paid/Outstanding
			Paid	
			Outstanding	
			TOTAL	
Whether Assistance Co. was contacted: Yes No If Yes, F	Reference	No		
If No, give reasons:				

Patient Name	TOR'S REPORT																		
i adone i tanto																			
	Age										N	larita	l stati	ıs: I	Marri	ed		Si	ngle
Address																			
	City																		
	State								F	PIN									
	Phone (O)								(R)									
	Fax									, Nobile									
	Date of cont	acted:	DD	MM	Y	Y	YY		٦	Гime:			A.N	1.			P.N	1.	
FOR ACCIDENTA	L INJURY/SICKNE	SS																	
Nature of Injury/sid																			
·····,/···//																			
Details of incidence	e:																		
Diagnosis and Trea	atment given:																		
When did patient's																			
Describe any other			g pre	sent c	ondi	tion	:											_	
Is condition due to	Pregnancy: Yes	No						ls illne	ss due	to an	y pre	e-exi	sting	con	ditio	n:	res		No
Signature:																			
A	ttending Doctor's	Signature																	
LOSS/DELAY OF	CHECKED BAGGA	GE																	
Describe when & w	here the loss/delay	took place):																
State the extent of	Loss:							ne the co											
							Nar		ommor	n carrie	er:								
1. Flight No Has the common ca	From arrier been notified	at the time	_ to _				Nar	ne the co light No.	ommor 	n carrie	er:	F	rom						
1. Flight No Has the common ca Details of compens	From arrier been notified ation received from	at the time	_ to _				Nar 2. F	ne the co light No.	ommor 	n carrie	er:	F	rom						
1. Flight No Has the common ca Details of compens	From arrier been notified ation received from	at the time	_ to _	ss?	Yes		Nar 2. F	ne the co light No.	ommor 	n carrie	er:	F	rom						
1. Flight No Has the common ca Details of compens Scheduled date/tim	From From arrier been notified ation received from	at the time carrier: D D M	to of lo	ss? Y Y	Yes	;	Nar 2. F	ne the co light No.	ommor 	n carrie	er:	F	rom				_ to _		
1. Flight No Has the common ca Details of compens Scheduled date/tim	From From arrier been notified ation received from	at the time carrier: D D M	to of lo	ss? Y Y	Yes	;	Nar 2. F	ne the co light No.	ommor Air	line R	er:	F	rom.				_ to _		
1. Flight No Has the common ca Details of compens Scheduled date/tim	From From arrier been notified ation received from of Arrival:	at the time carrier: D D M	to of lo	ss? Y Y	Yes	;	Nar 2. F	ne the co light No. b hrs. hrs.	ommor Air	line R	er:	F	No.				_ to _	:	
1. Flight No Has the common ca Details of compens Scheduled date/tim	From From arrier been notified ation received from of Arrival:	at the time carrier: D D M	to of lo	ss? Y Y	Yes	;	Nar 2. F	ne the co light No. b hrs. hrs.	ommor Air	line R	er:	F	No.				_ to _	:	
1. Flight No Has the common ca Details of compens Scheduled date/tim	From From arrier been notified ation received from of Arrival:	at the time carrier: D D M	to of lo	ss? Y Y	Yes	;	Nar 2. F	ne the co light No. b hrs. hrs.	ommor Air	line R	er:	F	No.				_ to _	:	
State the extent of 1. Flight No Has the common ca Details of compens Scheduled date/tim Actual date/time wh	From From arrier been notified ation received from of Arrival:	at the time carrier: D D M	to of lo	ss? Y Y	Yes	;	Nar 2. F	ne the co light No. b hrs. hrs.	ommor Air	line R	er:	F	No.				_ to _	:	
1. Flight No Has the common ca Details of compens Scheduled date/tim	From From arrier been notified ation received from of Arrival:	at the time carrier: D D M	to of lo	ss? Y Y	Yes	;	Nar 2. F	ne the co light No. b hrs. hrs.	ommor Air	line R	er:	F	No. 0		DUIS (_ to _	:	
1. Flight No Has the common ca Details of compens Scheduled date/tim	From From arrier been notified ation received from of Arrival:	at the time carrier: D D M D D M d/Lost *	M	ss? Y Y Y Y	Yes Y	Y Y	Nar 2. F	ne the co light No. b hrs. hrs.	ommor Air	line R	er:	F	No. 0	of Ho	DUIS (_ to _	:	
1. Flight No Has the common ca Details of compens Scheduled date/tim	From arrier been notified ation received from te of Arrival: nen bags delivered Item Purchase	at the time carrier: D D M D D M d/Lost *	M	ss? Y Y Y Y	Yes Y	Y Y	Nar 2. F	ne the co light No. b hrs. hrs.	ommor Air	line R	er:	F ence P	No. 0	of Ho	Durs (_ to _	:	

LOSS OF PASSPORT Please provide details of the incident i.e. when, where and how it happened: _

Details of Police Report (please attach copy): No:	Date: D D M	M Y Y Y Y Pla	ace:
Details of Expense Incurred	Date	Place	Amount
	Date	1 lace	Anount
		TOTAL	

TRAVEL DELAY/FLIGHT DELAY	7			
Flight No	Date D D M M Y Y Y Y		From	to
Scheduled date/time of Arrival:	D D M M Y Y Y	hrs.		
Actual date/time when bags delive	ered D D M M Y Y Y Y	hrs.	No. of Hours	· · · · · · · · · · · · · · · · · · ·
Whether accomodation & boardin	g provided by carrier:			Yes No
Details of	Expense Incurred	Date	Place	Amount
			TOTAL	
TRIP CANCELLATION/TRIPIN	TERRUPTION/TRIP CURTAILMENT			
Flight No	Date D D M M Y Y Y		From	to
Scheduled time of Departure:	hrs. Cause for Cano	cellation/Interruption/	curtailment :	
Details of	Expense Incurred*	Date	Place	Amount
Amount refunded b	y Common Carrier and Hotel			
		•	TOTAL	
*Please note that this coverage a Family Member.	pplies if Trip is cancelled due to Illness,	Injury or death to: Yo	ou; Your Traveling Comp	anion; Your Immediate
PERSONAL LIABILITY	operty damaged:			
Have you received a legal notice,				Yes No
BOUNCED BOOKING OF HOTE	L AND AIRLINES			
Flight No	Date D D M M Y Y Y Y		From	to
Scheduled date of booking: D	M M Y Y Y Y Cause for t	pounced booking at h	notel/airline:	
Details of	Expense Incurred*	Date	Place	Amount
A manual refunda	d by the civilize (betal			
Amount refunde	d by the airline / hotel		TOTAL	
MISSED DEPARTURE/MISSED	CONNECTION			1
Flight No	Date D D M M Y Y Y Y		From	to
Scheduled date/time of Arrival:	D D M M Y Y Y Y	hrs.		
Actual date/time when bags delive		hrs.	No. of Hours	delaved : hrs
Whether accomodation & boardin	a provided by carrier.			Yes No
	Expense Incurred*	Date	Place	Amount
			TOTAL	
HIJACKING		_		
Flight details No			From	to
Scheduled date/time of Departure:	D D M M Y Y Y Y hrs.	Date & time of ⊢	lijack D D M M Y	Y Y Y hrs
Scheduled date/time of Arrival:	D D M M Y Y Y Y hrs.	Date & time of Retu	urned D D M M Y	Y Y Y hrs
Please provide details of incident:				
which might have otherwise affe	are true and correct to the best of my cted the acceptance of my application. y the company and the premium being	l understand and ag		
Date D D M M Y Y Y Y				
Place			Signature ———	
	Disclaimer: Insurance is the subj		ited	
	fice: Peninsula Business Park, Tower A, 15th			3
24x7 Toll Free N	lo: 1800 266 7780 or 1800 229966 (For Sel IRDA of India Registration No: 108 CIN	nior Citizens) Email: (customersupport@tataaig.o	com