

General Insurance

**Reliance Travel Care Insurance Policy
Claim Form C**

Name of the common carrier _____

Flight No. _____ From: [d | d | m | m | y | y | y | y] To: [d | d | m | m | y | y | y | y]

Please complete the section relevant to your claim

Loss of Total Checked Baggage

- Nature of Claim Loss Delay
- Date [d | d | m | m | y | y | y | y] Time _____ hrs Location _____
- Number of pieces of baggage checked-in _____ 4. Number of pieces of baggage lost/delayed _____
- In case of baggage, please specify the following
 Scheduled date of Arrival [d | d | m | m | y | y | y | y] Scheduled time of Arrival _____ hrs
 Actual date of Arrival [d | d | m | m | y | y | y | y] Actual time of Arrival _____ hrs
 Number of Hours delayed _____
 (Please provide the details of expenses related to the loss of the checked baggage in the table given below)

Loss of Passport

- Date [d | d | m | m | y | y | y | y] Time _____ hrs Location _____
- Passport number _____
- Please provide the details of the incident _____

- Please provide the details of the Police Report _____

- (Please attach a copy of the Police Report): Reference No. _____
 Date [d | d | m | m | y | y | y | y] Location _____
 (Please provide the details of expenses related to the loss of Passport & the checked baggage in the table given overleaf)

Loss of International Driving License and Travel Documents

- Date [d | d | m | m | y | y | y | y] Time _____ hrs Location _____
- Driving License No. _____
- Ticket/Boarding Pass No. _____
- Please provide the details of the incident _____

- Please provide the details of the Police Report _____

- (Please attach a copy of the Police Report): Reference No. _____
 Date [d | d | m | m | y | y | y | y] Location _____
 (Please provide the details of expenses related to the loss of International Driving License & Travel Documents in the table given overleaf))

Trip Delay/Cancellation/Interruption/Missed Connection

17. Reason for Trip delay/Cancellation/Interruption

- Death or Unforeseen disease/illness/injury
- Termination of Employment
- Inclement Weather Conditions
- Abduction/Quarantine of the Insured Person
- Terrorist Incident in the place of visit
- Delay of Common Carrier*
- Lost or stolen passport, travel documents or money.*
- Felonious Assault on the Insured Person/Family Member/Traveling Companion
- Uninhabitable condition of the place of stay abroad due to fire, flood, vandalism, burglary, or natural disaster

* Not applicable for trip delay

18. The person affected Insured Person Immediate Family Member of the Insured Person Traveling Companion

19. If the person affected is not the Insured Person, please provide the following details

Name of the person affected _____

Address _____

Flat/Building/Door/Block No. _____

Road/Street/Sector _____

Area _____

Taluka/Village/District/City _____ Pin Code _____

State _____ Country _____

Fax _____

Relationship with the Insured Person _____

20. In case of trip delay and missed connection

Scheduled date of Arrival Scheduled time of Arrival hrs

Actual date of Arrival Actual time of Arrival hrs

Number of Hours delayed

21. In case of missed connection

Date of Departure of Connecting Flight Time hrs

22. In case of trip cancellation/trip interruption

Date Time hrs

Location _____

23. Whether accommodation & boarding provided by the carrier? Yes No

Detail of Expenses incurred	Date	Place	Cost
Total			
Less Compensation received from the airline			
Net Amount			

*In case of Delay, please provide details of the purchases made _____

*In case of Loss, please provide details of the items lost _____

Hijack Distress Allowance

24. Place of Hijack _____ Date Time hrs

25. Place of Release _____ Date Time hrs

26. Please provide the necessary details of the incident _____

Personal Liability

27. Please provide the name of third party injured, if applicable _____
28. Please provide the details of injury/property damaged _____

29. Please provide the details of the court award _____

30. Please specify the details of amount claimed _____

31. Date of Loss Place of Loss _____
32. Any other information you would like us to have: _____

Financial Emergency Assistance

33. Date of Loss Time hrs
34. Reason for Loss: _____

Please fill in the following details, only if the insured person has opted for the Reliance Travel Care Insurance Policy-Student Plan

Bail Bond

35. Name of the Detaining Authority
36. Address
Flat/Building/Door/Block No.
Road/Street/Sector
Area
Taluka/Village/District/City Pin Code
State Country
Fax
37. Please specify the offense for which the Insured Person has been detained: _____
38. Is the offense bailable as per the law of the country? Yes No
Please specify the relevant details _____
Please specify the bail amount _____

Sponsor Protection

39. Name of the Sponsor _____
40. Please specify the cause of the accident causing the demise of the Sponsor: _____

41. Please describe the nature of the injury causing the demise of the Sponsor: _____

42. Place of the accident _____ 43. Date of accident
44. Name of the University _____
45. Course Duration _____
46. Tuition fees payable by the Student for the remaining duration _____

Study Interruption

47. Reason for study interruption: Hospitalization of the Insured Person Death of the Immediate Family Member/Sponsor of the Insured Person
48. In case of Hospitalization of the Insured Person
Please provide the details of the disease/illness/injury _____

Please provide the cause of the disease/illness/injury _____

49. Date of accident or onset of disease/illness Place _____
50. Name of Hospital/Nursing Home where treatment of the disease/illness/injury was given
51. Address
 Flat/Building/Door/Block No.
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Fax
52. Period of Hospitalization From to
53. Has the Insured Person been advised to be evacuated on medical grounds back to India? Yes No
54. If yes, please specify the reason for the evacuation _____
55. **In case of Death of the Immediate Family Member/Sponsor of the Insured Person**
 Name of the Immediate Family Member/Sponsor of the Insured Person: _____

 Relationship of the Immediate Family Member/Sponsor with the Insured Person _____

 Please specify the cause of the accident causing the demise of the Immediate Family Member/Sponsor _____

 Please describe the nature of the injury causing the demise of the Immediate Family Member/Sponsor _____

56. Place of accident _____ 57. Date of accident
58. Tuition fee payable by the Student for the remaining duration: _____

Loss or Damage to Business Equipment

59. Date of Loss 60. Location of Loss _____
61. Description of Loss _____

62. Cause of Loss _____
63. Details of the Business Equipment Delayed/Lost/damaged
- | Sr. No. | Items | Nature of Loss | Hire/Purchase/Courier Expenses | Amount |
|----------------------|----------------------|----------------------|--------------------------------|----------------------|
| <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
64. In case of theft, has this incident been reported to the Police Authority? Yes No
65. In case of delay, whether the Common Carrier was notified? Yes No

Alternative Employee or Resumption of Assignment Expenses

59. Date of Loss 60. Nature of Loss _____
61. Cause of Loss _____
- a. Traveling expense towards deployed person
- b. Return Travel expenditure towards Insured/Insured Person

Contact Reliance General Insurance Company Limited : +91-22-67347843* / +91-22-67347844*

RCare ID: reliance@europ-assistance.in

IRDAI Registration No. 103. UIN: IRDA/NL-HLT/RGI/P-T/V.I/321/13-14.