

(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 claim	ant:	Name	e of Cl	aimar	nt (in	full))			M	lr.	Mı	rs.	1	٩s.		Dr	.	Pr	of.		M/s						
					,						T		i	i									Ī	Ī				
Policy Number						İ		P	erio	nd of	Insu	ıranı	e l		M	M	2	0	0	Y	То	10	Ь	M	М	2	0	0 Y
Address						1		١.								1	-								1	-		
Address						1			1							1	<u> </u>	 										
						Cha			1						1		<u> </u>	 			D:							
City						Sta	ite 							+							PII	n Co	ode			Ш	_	
Telephone Number										M	lobile	1	mbe	r _	_							+		_		Ш	_	
Educational Institute											E-m	nail																
a. Name of the Institute.		I I I	1 1		Name				_	1 1		1					Dura					_					1	-
Relationship of claimant with the insured				Date of of Trip		nme	ncer	nen	b	D	M	1 2	0	0	Y	Da letu	te o rn	f Sc	hec	lule	d	D	D	MIN	4 2	2 0	0	Υ
Section to which Claim	pertai	ns (Plea	se ticl	k whic	hever	r is a	appli	icab	le)																			
Medical Expenses	Repatria	ation of F	Remaii	ns			Der	ital ⁻	Trea	atme	nt Ex	xpen	ses			To	otal	Los	s of	Ch	ecke	d B	agg	age	е			
Bail Bond	Study In	nterrupti	on				Spo	nso	r Pr	otect	ion					C	omp	ass	iona	ite '	∕isit							
Personal Accident - Overs	eas						Pers	sona	ıl Lia	abilit	У					Pe	erso	nal	Acc	ider	nt -	Dor	nes	tic				
B. Medical Expenses – eports, Copy of passport / visa v												d, O	rigina	ıl bil	ls / ı	ecei	ipts ,	wit wit	h pi	esci	iptio	ns a	nd	diag	inos	tic /	inve	stiga
Name of the disease contr	acted																											
When disease first manifested (Date)	D D	M M 2	0 0	I Y I	ate w		trea	atme	ent	D	ОМ	M	2	0 0) Y		ate v		n tr	eatı	men	t	D	M	М	2	0	0 Y
Date of admission	D D	M M 2	0 0	Y	Da	ate of	discha	arge		DI	o M	M	2	0 0) Y	-												
Name of Treating Doctor									1	Name	e of C	Clini	c / H	osp	ital													
			<u> </u>			1			_						1		i	_						1			i	i
Address																												
Address Contact number			N	lature	of Di	seas	se/Ir	njury	(P	lease	e des	scrib	e brid	efly)													
Contact number			parate	ely; Ple	ease i	men						scrib	e brid			of t	reat	mei	nt									
Contact number Hospital expenses (Please shape		Con		ely; Ple	ease i	men						scrib	e brid)													
Contact number lospital expenses (Please structure) coom rent Other costs fransportation Expenses – i	f you are	Con Out	parate sultan patien g for t	ely; Ple ncy Ch nt expe	ease i arges enses	men	ition	in L	IS D	Pollar	rs)			C	Cost	Cla	im /	Amo	unt		ing	per	son), n	mor	tal	rem	ains
Contact number dospital expenses (Please shape) coom rent Other costs Transportation Expenses – inurial expenses, please provi	f you are	Con Out claiming	parate sultan patien g for t	ely; Pla ncy Ch nt expa the ex	ease i arges enses ktra c	men s osts	otion	in U	IS D	Pollar	rs) on ho			C	Cost	Cla	im /	Amo	unt		ing	per	son), n	mor	tal	rem	ains
Contact number dospital expenses (Please shape of airlines	f you are	Con Out claiming	parate sultan patien g for t	ely; Ple ncy Ch nt expe the ex	ease i arges enses ktra c	men s osts	otion s of t	in U	IS D	Pollar rtation	en ho	ome	(for	T sel	Cost	Cla	im /	Amo	unt		ing	per	son), n	mor	tal	rem	ains
Contact number lospital expenses (Please shoom rent other costs ransportation Expenses – i urial expenses, please prov lame of airlines xpenses incurred C. Dental Treatment Expenses	f you are ide follow	Con Out claiming deta	parate sultan patien g for t iils Other	ely; Plency Chart expention extended the extended included the control of the con	ease in arges enses extra commental ental	osts costs	otion s of t	in U	Sport uria	Pollar rtational Dec	on hotails	ome	(for enses	T sel	Cost Total f an	Cla d /	or a	Amo	ount	any								
Contact number lospital expenses (Please shape of airlines are shape of particular of particular of particular of particular of airlines are shape of airlines are shape of particular	f you are ide follow	Con Out claiming deta	parate sultan patien g for t iils Other	ely; Plency Chart expention extended the extended included the control of the con	ease in arges enses extra commental ental	osts costs	otion s of t	in U	Sport uria	Pollar rtational Dec	on hotails	ome	(for enses	T sel	Cost Total f an	Cla d /	or a	Amo	ount	any								
Contact number lospital expenses (Please shoom rent other costs ransportation Expenses – i urial expenses, please prov lame of airlines xpenses incurred C. Dental Treatment Expenses Investigative reports, Copy of pa	f you are ide follow	Con Out claiming deta	parate sultan patien g for t iils Other e attack	ely; Pleater Chart experts the extended in Doctor can be a considered in Doctor can be a conside	ease reases enses ental	osts cost d cop	s of t	in U	sporuria adm	rtational Decation	on ho	ome	(for	T sel	Cost Fotal f an Origi	Clad /	or a	Amo	eipt	any	vith p	oreso	cript	ions		d dia		stic
Contact number dospital expenses (Please shape of Room rent Other costs Transportation Expenses – in purial expenses, please provide of airlines Expenses incurred C. Dental Treatment Expenses investigative reports, Copy of particular provides of the disease contact when disease first manifested (Date)	f you are ide follow	Con Out claiming deta	parate sultan patien g for t iils Other e attack htry & e	ely; Pleacy Chart expetthe extended in Doctor	ease II	costs	of t	in U	spor uria ifurc adm	rtational Decaration	on ho	expe expending	(for ense:	T seli	Cost otal f an Origin	Clad /	or a	Amo	eipt	any	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number lospital expenses (Please shape) Coom rent Other costs Fransportation Expenses – invital expenses, please provided in the costs Expenses incurred C. Dental Treatment Expenses incurred Name of the disease contact When disease first manifested (Date) Date of admission	f you are ide follow	Con Out claiming deta	parate sultan patien g for t iils Other e attack htry & e	ely; Pleacy Chart expetthe extended in Doctor	ease II	costs	s of t	in U	spor uria ifurc adm ticke	rtational Del	on ho	experience	(for enses	C T self	Cost Total f an Origin	Clad /	or a	Amo	eipt	any	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number dospital expenses (Please shape of Room rent Other costs Transportation Expenses – in purial expenses, please provided in the cost of the cost o	f you are ide follow	Con Out claiming deta	parate sultan patien g for t iils Other e attack htry & e	ely; Pleacy Chart expetthe extended in Doctor	ease II	costs	of t	in U	spor uria ifurc adm ticke	rtational Del	on ho	experience	(for enses	C T self	Cost Total f an Origin	Clad /	or a	Amo	eipt	any	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number Hospital expenses (Please shape of a comment of a comm	f you are ide follow	Con Out claiming deta	parate sultan patien g for t iils Other e attack htry & e	ely; Pleacy Chart expetthe extended in Doctor	ease II	costs	of t	in U	spor uria ifurc adm ticke	rtational Del	on ho	experience	(for enses	C T self	Cost Total f an Origin	Clad /	or a	Amo	eipt	any	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number Hospital expenses (Please shape of airlines investigative reports, Copy of particular disease contact When disease first manifested (Date) Date of admission Name of Treating Doctor	f you are ide follow	Con Out claiming deta	parate sultan patien g for tills Other e attack htry & e	ely; Pleacy Chart expetthe extended in Doctor	ease ranges enses entra co	costs costs vhen i	s of t	in U	spor uria adm ticke	rtation results for the second	tails nof display M	experience	(for	s ard,	Cost Fotal For an Original For American Formation For American Formation For American For Americ	Clad /	or a	Amo	eipt	any	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number Hospital expenses (Please shape of Room rent Defenses of Room rent Room rent Defenses of Room rent Defense of Room rent Defenses of Room rent Defenses of Room rent Defenses of Room rent Defense shape of Room rent Defenses of R	f you are ide follow xpenses sssport / vi acted	Con Out claiming deta S - Please sa with en M M 2 M M 2	parate esultan patien g for tills Other e attachitry & e	r incide	ease ranges continued to the continue of the	costs costs costs d cop line ste of	s of t	in U	spor uria ifurci admiticke	rtation rtatio	tails n of distribution of M M M M M M M M M M M M M M M M M M	experience	(for	s ard,	Cost Fotal For an Original For American Formation For American Formation For American For Americ	Clad /	or a	Amo	eipt	any	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number Hospital expenses (Please shapement Dither costs Transportation Expenses – in purial expenses, please provide	f you are ide follow **Penses** ssport / vi acted	Con Out claiming deta S - Please sa with er M M 2 M M 2	parate esultan patien g for tills Other e attachitry & e	r incide h Doctor y Ds si	ease II arges ental or's rep mp an bate w tartec Da of Di	costs costs costs when dissease	s of t	in L	spor uria admiticke	Poollar Poolla	tails n of distribution of M M M M M M M M M M M M M M M M M M	expe scharding M M	(for	T sell	Cost Fotal For an Original For American Formation For American Formation For American For Americ	Clad /	or a	Amcconductors / reco	eipt	any	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number Hospital expenses (Please shape of Acom rent and Please provided in the Contact number and Please shape of Contact numb	f you are ide follow xpenses sssport / vi acted DDD DDD acted cow each	Con Out claiming deta	parate sultan patien g for this other e attachitry & e	r incide h Doctes state of the post of the	ease ranges continued to the continue of the	costs costs when i seases	s of t	Buth buth buth buth buth buth buth buth b	spor uria ifuro adm ticke	rtation rtation rtation rtation rtation research	tails n of distribution M M M M M M M M M M M M M M M M M M M	experience of the second of th	(for	S on the second of the second	Cost Total f an Origin	Clad /	or a bills , and a ded	Amcconductors / recommendate when the last recommendate with the last recom	eipt n tr	ss / v	vith p	oreso	cript	ions	s and	d dia	igno	stic
Contact number Hospital expenses (Please shape of Room rent Dither costs Fransportation Expenses – i purial expenses, please provided a provided for the cost of	f you are ide follow **penses** sssport / vi acted D D D D D D downword each pow each	Con Out claiming deta sa with en M M 2 M M 2 M M 2 M M Con Out ach Copy	parate esultan patien of nee erepoi	r incide h Doctoc h D	ease ranges enses ense ens	costs costs vhend sseas	s of t	Buth buth buth buth buth buth buth buth b	spor uria admiticke	rtation rtatio	on hoo hoo hoo hoo hoo hoo hoo hoo hoo h	experience of the second of th	(for ense:	C T selfont of the se	Cost Origin	Clad / nal I Daaer of t Cla	or a bills , bills , and ed	/ recommendation when the control of	eipt n tr	eatr	men	t	pop e	ions	s and	d dia	agno	stic

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

Nature and description of the items lost

	(
Broker: Loyal Insurance Brokers Ltd.	
ı	:
k.com]
slick	1
reatc	1
insu.	,
W W	(
Downloaded from v	

Description of the items Name of the Airline	lost with regards to num	ber, nature and cos	st of each such item 	To	tal claim amount
	From			To	
•				Date D D M M 2 0 0 Y T	
Actual Departure	Date D D M M 2 0)	Hrs Actual Arrival	Date D D M M 2 0 0 Y T	ime Hrs
Description of items purchs	end with regards to number	nature and cost of ca	ch such itom	Total claim an	nount
Description of items purcha F. Bail Bond	sed with regards to number,	nature and cost of ea	cn such item	Total claim an	nount
a. Date and Time	opy of arrest warrant. 2. Prod	b. Name of the La			
G. Study Interrupt On account of d physician's state	ion - Please attach follow eath of the Insured's Imr ement giving the cause of	ving documents nediate Family Mer f death. Medical sta	nber - Medical reports, St tements from relations or	ratements from treating docto spouses will not be accepted.	•
a. Name of the Patient	spitalisation of insured - tt	b. Re	lationship with Insured	dicating necessarily for it need	ds to be submitted.
H. Sponsor Protect An official death	ion certificate • A physiciar	n's statement giving		I relevant medical reports	Police report lodged
 Name of the Pati Details of illness. 	s and certificates from the ent	. Re	the necessacity for the salationship with Insuredate & Time	ame needs to be submitted.	·
J. Personal Accider Doctor for Permanent Disab	nt - Overseas Please at ility.	tach Police report, Pol		icate, Medical report in the enclose	
Name of Treating Docto	r		Name of Clinic /	Hospital	
			Total claim amount		
Date and time of Accide					
-					
	• .				
	•			l claim amount	
rom treating Doctor for Per	manent Disability.			Death certificate, Medical report	
Contact number			Total claim a		
			Declaration		
of my/our further statemen		ent or any false or fra		ect. I/We agree that if we have ma ss or conceal any material fact, the	
Place: Date:				Signature o	f Claimant/Insured
		(To be	EDICAL REPORT filled by treating Doctor)		
 Name of the Injured Performance Are you his/her usual r 		'es No			
 Are you mistrier usual in Details of Injuries susta 					
 Cause of Injuries susta 					
•			Noif No, provide de		
	d solely due to accident?		loif No, provide det		
•	under influence of Liquor/dru	ugs at the time of acci	dent? Yes	No	
	e injured person in hospital?				
10. Details & dates of treat					
Date and time of admis					
Date and time of disch	·				
	ed with the insured/injured pe				
Fatal	PTD		PPD	TTD	