

CHOLA MS Corporate Travel - Claim Form

• 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.

Details of The claimant: Name of Claimant (in full) _____ Mr. Mrs. Ms. Dr. Prof. M/s.

Policy Number _____ Period of Insurance / / -/ / To / / -/ /

Address _____

City _____ State _____ Pin code _____

Telephone Number _____ Mobile Number _____

Occupation _____ E-mail _____

Relationship of claimant with the insured _____ Date of commencement of Trip / / -/ / Date of Scheduled Return / / -/ /

Section to which Claim pertains (Please tick whichever is applicable)

Medical Expenses (Medical Evacuation Included) <input type="checkbox"/>	Repatriation of Remains (Within overall medical limit) <input type="checkbox"/>
Dental Treatment Expenses <input type="checkbox"/>	Total Loss of Checked Baggage <input type="checkbox"/>
Loss of International Driving License <input type="checkbox"/>	Personal Accident - Overseas <input type="checkbox"/>
Hospital Daily cash <input type="checkbox"/>	Hijack Relief <input type="checkbox"/>
Trip delay <input type="checkbox"/>	Emergency Travel Expenses - Replacement of Colleague Abroad <input type="checkbox"/>
Emergency Medical Expenses - Domestic (Accidental Hospitalization only within India from residence to Airport and/or vice versa) <input type="checkbox"/>	Personal Accident - Domestic <input type="checkbox"/>
	Delay of Checked-In Baggage <input type="checkbox"/>
	Personal Liability <input type="checkbox"/>
	Financial Emergency <input type="checkbox"/>
	Trip Cancellation <input type="checkbox"/>
	Trip Curtailment <input type="checkbox"/>

1. Medical Expenses – Please attach Doctor’s reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of the disease contacted _____

When disease first manifested (Date) / / -/ / Date when treatment started / / -/ / Date when treatment ended / / -/ /

Date of admission / / -/ / Date of discharge / / -/ /

Name of Treating Doctor _____ Name of Clinic / Hospital _____

Address _____

Contact number _____ Nature of Disease/Injury (Please describe briefly) _____

Hospital expenses (Please show each head separately; Please mention in US Dollars)

a. Room rent _____	Consultancy Charges _____	Cost of treatment _____
Other costs _____	Outpatient expenses _____	Total Claim Amount _____

2. Repatriation of Remains - if you are claiming for the extra costs of transportation home (for self and / or accompanying person), mortal remains or burial expenses, please provide following details

a. Name of airlines _____ Burial Details _____

Expenses incurred _____ Other incidental costs with bifurcation of expenses _____

3. Dental Treatment Expenses - Please attach Doctor’s reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of the disease contacted _____

When disease first manifested (Date) / / -/ / Date when treatment started / / -/ / Date when treatment ended / / -/ /

Date of admission / / -/ / Date of discharge / / -/ /

Name of Treating Doctor _____ Name of Clinic / Hospital _____

Address _____

Contact number _____ Nature of Disease/Injury (Please describe briefly) _____

Hospital expenses (Please show each head separately; Please mention in US Dollars)

Room rent _____	Consultancy Charges _____	Cost of treatment _____
Other costs _____	Outpatient expenses _____	Total Claim Amount _____

4. 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 _____
Description of the items lost with regards to number, nature and cost of each item _____
Total Claim Amount _____

5. Delay of Checked-In Baggage - Please attach the details of items purchased during the delay period, Copies of baggage tags, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Original bills / receipts / invoices connected to expenses incurred / purchases made during the delay period, Copy of the passport / visa with entry & exit stamp.
Name of airline _____ Flight Number _____
From _____ To _____
Scheduled Departure Date and time _____ Scheduled Arrival Date and time _____
Actual Departure Date and time _____ Actual Arrival Date and time _____
Description of items purchased with regards to number, nature and cost of each item _____
Total Claim Amount _____

6. Loss of Passport - Please attach Copy of new passport, Copy of previous passport (if available), Original bills / invoices of expenses incurred for obtaining a new passport, Copy of FIR / police report.
Date of Loss _____ Application Document Fee _____
Incidental Cost _____ Total Claim Amount _____

7. Loss of International Driving License - Please attach Copy of new International Driving License, Copy of previous International Driving License (if available), Original bills / invoices of expenses incurred for obtaining a new International Driving License, Copy of FIR / police report.
Date of Loss _____ Application Document Fee _____
Incidental Cost _____ Total Claim Amount _____

8. Personal Accident - Overseas - Please attach Police report, Post Mortem Report, Death certificate, Medical report in the enclosed format, Certificate from treating Doctor for Permanent Disability.
Date and time of Accident Full description of the cause of accident _____

Name of Treating Doctor _____ Name of Clinic / Hospital _____
Address _____
Contact number _____ Total claim amount _____

9. Personal Liability - Please attach the Judgment of the Court
Date and time of Accident Nature of Claim being made _____
Court where the case is being pursued _____
Total amount of the award including claimant amount _____ Total claim amount _____

10. Financial Emergency - Please attach the Police report
Date and time of Loss Place of Loss _____
Amount of the fund lost _____ Total claim amount _____

11. Hospital Daily cash
Total number of days for amount being claimed from _____ Total claim amount _____

12. Hijack Relief - Please attach the copy of passport / visa with entry & exit stamp (if any), copy of the ticket and boarding pass, the police report with details such as the passport number of the Insured & period of hijacking, newspaper report (if available)
Name of airline _____ Flight Number _____ From _____ To _____
Scheduled Departure Date and time _____ Scheduled Arrival Date and time _____
Date and time of Hijack _____ Date and time of return _____
Full description of the incident _____

13. Trip Cancellation - Please attach the details of expenses incurred, Original bills of expenses incurred due to cancellation, Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for cancellation like Death certificate etc.
Name of airline _____ Flight Number _____ From _____ To _____
Scheduled Departure Date and time _____ Reason for Trip Cancellation _____
Total Claim Amount _____

14. Trip Curtailment - Please attach the details of expenses incurred, Original bills of expenses incurred due to cancellation, Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for cancellation like Death certificate etc.
Name of airline _____ Flight Number _____ From _____ To _____
Scheduled Departure Date and time _____ Reason for Trip Curtailment _____
Total Claim Amount _____

15. Trip delay - Please attach the details of items purchased during the delay period, Original bills of purchases made / expenses incurred during the period of delay, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass, Copy of the passport / visa with entry & exit stamp.
Name of airline _____ Flight Number _____ From _____ To _____
Scheduled Departure Date and time _____ Scheduled Arrival Date and time _____
Actual Departure Date and time _____ Actual Arrival Date and time _____
Description of items purchased with regards to number, nature and cost of each item _____
Total Claim Amount _____

16. Emergency Travel Expenses - Replacement of Colleague Abroad - Please attach the details of expenses incurred, Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for replacement like Name & Certificate Number of the Employee Hospitalised etc.
Name of airline _____ Flight Number _____
From _____ To _____
Scheduled Departure Date and time _____
Letter from the Insured designating the Replacement Colleague stating the reason for Replacement _____
Total Claim Amount _____

17. Emergency Medical Expenses - Domestic (Accidental Hospitalization only within India from Residence to Airport and/ or vice versa) Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass (as applicable).
Date and time of Accident _____ Full description of the cause of accident _____
Date when treatment started _____ Date when treatment ended _____
Date of admission _____ Date of discharge _____
Name of Treating Doctor _____ Name of Clinic / Hospital _____
Address _____
Contact number _____ Nature of Injury _____
Hospital expenses (Please show each head separately)
a. Room rent _____ Consultancy Charges _____
Cost of treatment _____ Other costs _____
Outpatient expenses _____ Total Claim Amount _____

18. Personal Accident - Domestic - Please attach Police report, Post Mortem Report, Death certificate, Medical report in the enclosed format, Certificate from treating Doctor for Permanent Disability.
Date and time of Accident _____ Police report lodged - Yes/No _____
Full description of the cause of accident _____
Name of Treating Doctor _____ Name of Clinic / Hospital _____
Address _____
Contact number _____ Total claim amount _____

Declaration

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident or any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect the present or future claim shall be forfeited.

Place:
Date:

Signature of Claimant/Insured