

# Claim Form - Overseas Student Travel Insurance

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

Policy Number  Period of Insurance  DD  MM  20  00  Y To  DD  MM  20  00  Y

Address

City  State  Pin Code

Telephone Number  Mobile Number

Educational Institute  E-mail

a. Name of the Institute.  b. Name of the course  c. Duration Of the course

Relationship of claimant with the insured  Date of commencement of Trip  DD  MM  20  00  Y Date of Scheduled Return  DD  MM  20  00  Y

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

Medical Expenses  Repatriation of Remains  Dental Treatment Expenses  Total Loss of Checked Baggage

Bail Bond  Study Interruption  Sponsor Protection  Compassionate Visit

Personal Accident - Overseas  Personal Liability  Personal Accident - Domestic

**B. 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 contracted

When disease first manifested (Date)  DD  MM  20  00  Y Date when treatment started  DD  MM  20  00  Y Date when treatment ended  DD  MM  20  00  Y

Date of admission  DD  MM  20  00  Y Date of discharge  DD  MM  20  00  Y

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 .....

Transportation Expenses - 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

Name of airlines ..... Burial Details .....

Expenses incurred ..... Other incidental costs with bifurcation of expenses .....

**C. 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)  DD  MM  20  00  Y Date when treatment started  DD  MM  20  00  Y Date when treatment ended  DD  MM  20  00  Y

Date of admission  DD  MM  20  00  Y Date of discharge  DD  MM  20  00  Y

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 .....

**D. 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  DD  MM  20  00  Y Application Document fees ..... Incidental Cost ..... Total Claim Amount .....

**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 .....

