

Reliance Travel Care Insurance Policy

Claim Form C

Name of the common carrier _____

Flight No. _____ From: _____ To: _____

Please complete the section relevant to your claim

Loss/Delay of Checked Baggage

Nature of Claim Loss Delay

Date: _____ Time: _____ hrs Location: _____

Number of pieces of baggage checked-in: _____

Number of pieces of baggage lost/delayed: _____

In case of baggage delay, please specify the following

Scheduled date of Arrival: _____ Scheduled time of Arrival: _____ : _____ Hrs

Actual date of Arrival: _____ Actual time of Arrival: _____ : _____ Hrs

Number of Hours delayed: _____

(Please provide the details of expenses related to the loss/delay of the checked baggage in the table given below)

Loss of Passport

Date: _____ 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: _____ 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 | 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 | y | y | Location: _____

(Please provide the details of expenses related to the loss of International Driving License & Travel Documents in the table given overleaf)



Personal Liability

Please provide the name of third party injured, if applicable

Please provide the details of injury/ property damaged

Please provide the details of the court award

Please specify the details of amount claimed

Date of Loss Place of Loss

Any other information you would like us to have:

Financial Emergency Assistance

Date of Loss Time: : Hrs

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

Name of the Detaining Authority

Address:

Flat Building Road/Street/Sector

Area

Taluka/Village/District/City Pin Code State

Country Fax

Please specify the offense for which the Insured Person has been detained:

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

Name of the Sponsor

Please specify the cause of the accident causing the demise of the Sponsor :

Please describe the nature of the injury causing the demise of the Sponsor:

Place of accident Date of accident

Name of the University

Course Duration

Tuition fees payable by the Student for the remaining duration

Study Interruption

Reason for study interruption: Hospitalization of the Insured Person Death of the Immediate Family Member/Sponsor of the Insured Person

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

Date of accident or onset of disease/illness Place :

Name of Hospital/ Nursing Home where treatment of the disease/illness/injury was given:

Address:

Flat Building Road/Street/Sector
Area
Taluka/Village/District/City Pin Code State
Country Fax

Period of Hospitalization: From to

Has the Insured Person been advised to be evacuated on medical grounds back to India? Yes No

If yes, please specify the reason for the evacuation

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:

Place of accident Date of accident

Tuition fees payable by the Student for the remaining duration:

Loss or Damage to Business Equipment

1. Date of loss

2. Location of loss:

3. Description of loss:

4. Cause of loss:

5. Details of the Business Equipment Delayed/Lost/damaged

Sr. No.	Items	Nature of Loss	Hire/Purchase/Courier Expenses	Amount

6. In case of theft, has this incident reported to the Police Authority Yes No

7. In case of delay, whether the Common Carrier was notified? Yes No

Alternative Employee or Resumption of Assignment Expenses

Date of loss:

Nature of loss:

Cause of loss:

a. Traveling expense towards deployed person

b. Return Travel expenditure towards Insured/Insured Person