

Baggage Insurance Claim Form

(Issuance of this form does not imply acceptance of the liability)

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No		Claim No.	
		Date of registration	
Area Office Code/Service Centre Code			
Broker/Agent Name & code		Code	

1. Name of the Insured			
2. Customer ID			
3. Address of the Insured			
PlotNo/Door No.		Building name	
Road			
Area			
City		Pin code	
State			
Phone No.			
E-mail Id			
4. a) Date and time of occurrence of loss b) Date of discovery of loss c) Where did the loss occur? d) By whom was the loss reported? <i>(A copy of written statement to be attached)</i>			
5. Brief details as to the exact circumstances under which the loss occurred			
4. Has a complaint been lodged with the police? If so, by whom and when and at which Police Station? Attach a copy of the Police Complaint.			
5. Has a complaint been lodged with Railways, shipping company, Airline, Roadways, hotel proprietors or the authority in whose care the baggage was at the time of loss or damage? Attach a copy of the complaint lodged.			
6. What steps have been taken to recover lost money?			

7. In case of organisations covering their employees:- a) When did the employee concerned enter your service? b) Was he involved in a similar loss before?	
8. Have you ever before sustained a loss of this nature? If so, give particulars.	
9. Are there any other insurance upon the same articles? If so, give details.	

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

<u>Details of Articles lost/damaged</u>	
Description	Value (Rs)

Declaration by Insured

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

Date:

Place:

Signature of Insured