



Royal Sundaram

BAGGAGE CLAIM FORM

FOR OFFICE USE ONLY	
Issuing office :	_____
Date of Issue :	_____
Claim No :	_____

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED
46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391 Fax: 044-2851 5500
E-mail : customer.services@royalsundaram.in

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please ensure that all questions are answered in Capital Letters using an ink pen

Policy Number	_____	Certificate Number	_____
Card Number / Account Number	_____	Name of the Bank / Corporate Partner	_____

1.INSURANCE DETAILS

Name of the Insured	_____
Address for Correspondence with Pincode	_____
Telephone Daytime / Mobile Number	STD Code : _____
Telephone Evening	STD Code : _____
E-mail ID	_____

2. DETAILS OF THE LOSS

Date of the loss	_____ (DD/MM/YY)
Time of loss	_____ (AM/PM)
Place of loss	_____
Nature and cause of loss	_____

If suspected due to theft or pilferage, was it reported to the Police? Yes [] No []

If 'Yes' please give the address of the Police Station

If 'No' please give reason why

First Information Report Number

Was the loss reported to the appropriate transport provider, hotel or consulate

Yes

No

If 'Yes' please give full name and address to whom the loss was reported

If 'No' please give reason why

Has a claim been lodged on the appropriate authority?

Yes

No

If 'Yes' please provide full details

If 'No', please give reasons why

3. PARTICULARS OF BAGGAGE

Date of Purchase	Full description of item	Sum claimed for Present Value
		TOTAL

4. DETAILS OF OTHER INSURANCE COVERING THIS LOSS

Company Name & Address	Policy Number	Sum Insured	Period of Insurance

5. DECLARATION

I do hereby to the best of my knowledge and belief, warrant the truth of the foregoing statements in every respect. If I have made or shall make in any further declarations that the Company may require in respect of the said incident any false or fraudulent statement/s or any suppression or concealment, my claim shall be absolutely forfeited, and the policy shall be null and void.

Place :

Date :

DD/MM/YY

Signature or thumb impression of the insured person

Please enclose

- Copy of written complaint made to the Police
- Copy of written complaint made to Transport Provider
- Copy of written complaint made to Hotel Authorities / Appropriate Authorities
- Non traceable certificate from the Police
- Reply received from the relevant authorities
- Property Irregularity Report from airline authorities
- Letter of subrogation
- Original bills, if any

Please check that all questions have been completed in full the form signed and dated.