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Bajaj Allianz General Insurance Co. Ltd.

OVERSEAS TRAVEL INSURANCE CLAIM FORM

- 1. This form must be signed and dated in all applicable sections.
- 2. The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the company, nor a waiver of any of the terms and conditions of the insurance contract

3. Please answer all questions completely. In case of insufficient space, please attach an additional sheet.

Caringly yours

Bajaj Allianz General Insurance Co. Ltd , G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113. Website: www.bajajallianz.co.in | Call: 1800-209-0144/1800-209-5858 | E-mail: customercare@bajajallianz.co.in | CIN: U66010PN2000PLC015329

Health Administration Team: *A - Wing 2nd Floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar, Pune - 411 014, Email id: bagichelp@bajajallianz.co.in

Diagnosis _

if sickness-state nature of diagnosis and advise when and where symptoms first occurred .

Kindly confirm nature of Injury: Self Inflicted Accident

Substance Abuse/Alcohol Consumption at the time of accident Yes No

If Accident kindly confirm how where and when it happened _ Kindly confirm if accident reported to Police Station 🛛 Yes 🗌 No(If yes Kindly attached FIR copy)

Treatment Taken Outpatient____ _Inpatient _

Treatment Type- Medical - 🗌 Yes 🗌 No or

Surgical - 🗌 Yes 🗌 No

Kindly Provide name and address of diagnostic center in India where regular health checkup/investigations carried out _

Provide name of medicine you were taking prior to departure from India: _

Indicate other Travel/Health insurance coverage's, including name, address, policy number & certificate number of insurer:_

DETAILS OF MEDICAL EXPENSES

Details of treatment	In/Out	Patient	Charges (Currency)	Status of Payment
	From	То	Eg : USD / EURO	Paid/Outstanding
			Paid	
			Outstanding	
			TOTAL	

LOSS / DELAY OF CHECKED BAGGAGE

Describe when & where the loss/delay took place :_

State the extent of Loss:			Name the	airline:		
1. Flight No	From	to	2. Flight N	lo	From	to
Has the airlines been notified a	t the time of loss? 🗌 Ye	s 🗌 No	Airline Reference No			
Details of compensation receive	ed from airline:					
Scheduled date/time of Arrival:	D D M M Y Y	YY	hrs.			
Actual date/time when bags de	elivered D D M M Y	Y Y Y	hrs. No. of	Hours delayed :	nrs.	
	Item Purchased/Los	t*		Date of Purchase	Place	Cost
				ĺ		
					TOTAL	
	Less Cor	npensation rec	eived from Airline:			
					Net Amount	
* In case of Delay, please provid	a datails of nurchases ma	de * In case of	Loss please provide details of i	tems lost		

of Delay, please provide details of purchases made , * In case of Loss, please provide

LOSS OF PASSPORT

Details of Police Report (pleas	se attach copy):	No:Date: D D M M Y Y Y Place:							
	Details of Expense/Loss Incurred*	Date	Place	Amount					
				TOTAL					
TRIP DELAY									
Flight No	Date D D M M Y Y Y Y	From	to						

night No		U	ale	_	_							_10_
Scheduled date/time of Arriva	D	D	Μ	M	Y	γ	Y	Y]hrs.	
Actual date D D M M Y	Y	ΥÌ	(hrs		I	No.	of Hours delayed :	hrs.
Reason for trip delay:												

Details of Expense Incurred	Date	Place	Amount
	ĺ		
		TOTAL	

Bajaj Allianz General Insurance Co. Ltd , G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113.

Website: www.bajajallianz.com | Call: 1800-209-0144/1800-209-5858 | E-mail: customercare@bajajallianz.co.in | CIN: U66010PN2000PLC015329 Health Administration Team: *A - Wing 2nd Floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar, Pune - 411 014, Email id: bagichelp@bajajallianz.co.in

TRIP CANCELLATION/ /TRIP CURTAILMENT			
Date D M Y Y Y From	to		
Scheduled time of Departure: hrs. Reason for Cancellation//Curtailm	nent :		
Details of Expense Incurred	Date	Place	Amount
Amount refunded by Common Carrier and Hotel			
		TOTAL	
PERSONAL LIABILITY			

Please provide details of injury/property damaged______

Have you received a court order, if Yes, please furnish a copy

🗌 Yes 🗌 No

EMERGENCY HOTEL ACCOMMODATION FOR FAMILY MEMBER/ EMERGENCY HOTEL EXTENSION

Please provide details of the emergency incident_

Details of Expense Incurred*	Date	Place	Amount
		TOTAL	
MISSED CONNECTION			
Date Date M M Y Y Y Y From	_to elayed : hrs.	🗌 Yes 🗌 No	
HIJACK			
Flight NoDate D D M M Y Y Y Y From	to		
Scheduled date/time of Departure: D D M M Y Y Y Y D hrs.	Date & time of Hijack 🛛	D M M Y Y Y Y	hrs.
Scheduled date/time of Arrival:	Date & time of Returned	D D M M Y Y Y Y	hrs.
Please provide details of incident:	-		

FAMILY VISIT/ COMPASSIONATE VISIT/ REPLACEMENT AND REARRANGEMENT OF STAFF/MINOR ESCORT/TUTION FEES

Kindly provide detailsof incident_

Details of Expense/Loss Incurred*	Date	Place	Amount
		TOTAL	
		TOTAL	

BAIL BOND/LOSS OF LAPTOP/HOME BURGLARY/LOSS OF PERSONAL BELONGINGS//EMERGENCY CASH ADVANCE

Please provide details of the incident i.e. when, where and how it happened:_

Details of Police Report (please attach copy): No:C	Date: D M M Y Y Y Place:								
Details of Expense/Loss Incurred*	Date	Place	Amount						
		TOTAL							

I declare that the above answers are true and correct to the best of my knowledge and that I have not withheld any relevant information which might have otherwise affected the acceptance of my application. I understand and agree that the insurance applied for will become effective only upon acceptance by the company and the premium being fully paid.

Date:

Place: _

Signature

Bajaj Allianz General Insurance Co. Ltd , G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113.

Website: www.bajajallianz.com | Call: 1800-209-0144/1800-209-5858 | E-mail: customercare@bajajallianz.co.in | CIN: U66010PN2000PLC015329

Health Administration Team: *A - Wing 2nd Floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar, Pune - 411 014, Email id:-bagichelp@bajajallianz.co.in