



THE ORIENTAL INSURANCE COMPANY LIMITED  
REGD. OFFICE "ORIENTAL HOUSE", P.B.No.7037, ASAF ALI ROAD,  
CORPORATE BUSINESS UNIT, NO.44/45 III FLOOR, LEO SHOPPING COMPLEX  
RESIDENCY CROSS ROAD, BANGALORE – 560 025

### "TRAVEL" CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
QUESTIONS TO BE ANSWERED BY THE CLAIMANT

#### Details of Primary Insured

Policy Number

Name

Address

State:

Landline:

E-mail:

Mobile:

#### Details for Flight Delay

- Name of the Common Carrier :
- Common Carrier No. :
- Scheduled Arrival Date :
- Scheduled Departure Date :
- Name of the Common Carrier :
- Common Carrier No. :
- Actual Arrival Date : (DD/MM/YYYY) Time : (HH:MM)
- Actual Departure Date : (DD/MM/YYYY) Time: (HH:MM)

## Details for Loss of checked-in Baggage & Delay of Check-in Baggage

- Name of the Common Carrier :
- Common Carrier No. :
- In case of Loss of Baggage
  - a) Date of Loss : (DD/MM/YYYY)
  - b) Place of Loss : \_\_\_\_\_
- In case of Delay
  - a) Date of Arrival : (DD/MM/YYYY)
  - b) Time of Arrival : (HH:MM)
  - c) Place of Origin : \_\_\_\_\_
  - (d) Port of disembarkation : \_\_\_\_\_
  - e) Date of Baggage retrieval : | (DD/MM/YYYY)
  - f) Time of Baggage retrieval : | (DD/MM/YYYY)

## Details for Loss of Passport

- Date of Loss : / / (DD/MM/YYYY)
- Place of Loss :
- Details of Loss : \_
- Total Expenses :
- Documents to be submitted for any claim under Loss of Passport/ International Driving License:
  1. Copy of the police report
  2. Details of the attempts made to trace the passport
  3. Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport/IDL
  4. Copy of lost passport or IDL
  5. Copy of new/duplicate passport/IDL

## Details of Primary Insured's Bank Account

- a) PAN :
- b) Account Number :
- c) Bank Name & Branch :
- d) Cheque/DD payable details :
- e) IFSC Code :

## Declaration by the Insured

I/We hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this claim form are true, correct and complete.

(b) The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

(c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

(d) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

(e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Signature of Insured:

Date:

Place: