Royal Sundaram

TRAVEL SAFE 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 : 044-852 2123 Fax: 044-851 7384

E-mail : royalsundaram@vsnl.net

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	

1. INSURANCE DETAILS

Name of the Insured	
Address for Correspondence (with Pin Code)	
Telephone Daytime / Mobile No.	STD Code :
Telephone Evening	STD Code :
E-mail ID	

2. LOSS OF BAGGAGE AND / OR PASSPORT

Date of the Loss	(DD/MM/YY)
Time of Loss	(AM/PM)
Place of Loss	
Circumstances of loss	

Was the loss reported to the Police ? Yes ☐ No ☐

If 'Yes' please give the address of the Police Station.
If 'No' please give reasons why

Police Crime reference No.

Was the loss reported to the Transport provider / Appropriate authority / Hotel or Consulate authority ? Yes ☐ No ☐

If 'Yes', please give full name and address to whom the loss was reported
If 'No', please give reasons why

Has the claim been lodged on the appropriate authority ? Yes ☐ No ☐

If 'Yes', please provide full details
If 'No', please give reasons why

LOSS OF BAGGAGE

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

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
- ☐ Copies of bills, if any

LOSS OF PASSPORT

Passport Number	Expiry date of Passport	Date of Expense	Description of Expense	Expenses claimed
			TOTAL	

Please enclose

- ☐ Copy of written report made to police or immigration authority or consular authority.
- ☐ Reply received from the relevant authorities.
- ☐ Original bills and receipts for expenses claimed.
- ☐ Copy of fresh / duplicate passport.

3. DELAY OF CHECKED IN BAGGAGE

Name of the Airline	
Baggage check number issued by the airline	
Date and time of your arrival at your destination	(DD/MM/YY) (AM/PM)
Date and time of receipt of your baggage at your destination	(DD/MM/YY) (AM/PM)
Duration of delay	

Date of Expense	Description of Expense	Expenses Claimed
	TOTAL	

Please enclose

- ☐ Copy of complaint made to the airline.
- ☐ Certificate from airline confirming the period of delay.
- ☐ Original bills and receipts for expenses claimed.

4. DELAYED FLIGHT

Date and time of Scheduled departure (DD/MM/YY) (AM/PM)

Date and time of actual departure (DD/MM/YY) (AM/PM)

Duration of delay

Date of Expense	Description of Expense	Expenses Claimed
	TOTAL	

Please enclose

- [ ] Certificate from airline confirming the period of delay of flight.
- [ ] Original bills and receipts for items claimed.

5. DETAILS OF OTHER INSURANCE COVERING THIS LOSS.

Company Name & Address	Policy Number	Sum Insured	Period of Insurance

Has a claim been reported to any other Insurer in respect of this incident ? Yes ☐ No ☐

If 'Yes' please provide full details

6. DECLARATION

I hereby declare that the foregoing statements made by myself are true in all respect. I have not attempted to conceal from the Company anything with which it ought to be made acquainted. I agree that if I have made, or will make any false or fraudulent statement whatsoever, the Policy shall be void and my right to compensation forfeited.

Place :

Date :

(DD/MM/YY)

Signature or thumb Impression of the Insured

Please check that all questions have been completed in full and the form signed, dated and the required documents / bills attached.

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