

CLAIM FORM FOR BAGGAGE INSURANCE POLICY

Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

Office Address:	Cover Note / Policy :
	No
	Period of Insurance :
	Date of Accident :
	Claim Number :

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
	i) Name	
	ii) Address for correspondence	
	iii) Contact Number)	
2.	i) Date and Time of loss	
	ii) Place of loss	
	iii) Nature and cause of loss)	
	iv) If suspected due to theft or pilferage, was it reported to the Police)	Yes/ No
	v) If 'Yes' please give the address of the Police Station	
	vi) If 'No' please give reason why)	

4.	Amount of loss sustained (In Rs)		
5	Particulars of Baggage		
	Date of purchase	Full description of Item	Sum claimed
6	Traveling from	_/_/___ to _/_/___	
7	Mode of Travel, please specify		
8	Did the loss / damage occur whilst in custody of common carrier?	Yes/ No	
10	If yes please provide the carrier name		
11	Was the Open Delivery of Baggage (for damages) taken from Carrier?	Yes/ No	
12	Was the Carrier immediately notified on notice of loss / damage? If "Yes", please provide a copy. If not, this must be done immediately.	Yes/ No	
13	Has a formal claim been made against the carrier? If "Yes", please provide a copy. If not, please do so without delay.	Yes/ No	
14	Details of Compensation received from Carrier, if any		
15	Is the Loss/damage covered under any other Insurance? If "Yes", specify details as below, also provide the policy copy	Yes/ No	
	i)	Name of the Insurer	
	ii)	Period of insurance	
	iii)	Policy number	
	iv)	Amount of Insurance (in Rs)	

Declaration by 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 null and 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 and my / our claim shall be absolutely forfeited.
- 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 and / or documentation in respect of the claim.

Place:

Date:

Signature of the Insured