

UNIVERSAL SOMPO GENERAL INSURANCE CO. LTD

(A joint venture of Indian Bank, Indian Overseas Bank, Karnataka Bank Ltd, Dabur Investments Corp. and Sompo Japan Insurance Inc.)

Regd. Office: 8th Floor and 9th Floor (Part - South Side), Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai- 400063

COMPLETE TRAVEL CARE INSURANCE CLAIM FORM

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

- Claim form is to be filled in capital letter & signed by the insured/claimant.
- Please do not leave any column unanswered.
- Please carefully read the list of documents required to speed up processing of your claim.
- If there is insufficient space, kindly use a separate sheet which can be attached to this form.

Claim Number: - _____

A. DETAILS OF INSURED: -

Name of Insured: _____

Name of Claimant: _____

Relationship with Insured: _____ Designation, if applicable: _____

Date of Birth: _____ Sex: _____ Email ID: _____

Communication Address: _____

City: _____ Taluka: _____ District: _____

Pin code: _____ Contact Number: _____

B. DETAILS OF POLICY / CERTIFICATE: -

Policy / Certificate No.: _____ Period: _____ to _____

C. DETAILS OF INCIDENT: -

Please indicate whether claim is in respect of: -

Select	Base Covers	Details of Expenses Incurred	Date	Place	Amount
<input type="radio"/>	In Hospital Medical Expenses - (Accident & Sickness)				
<input type="radio"/>	In Hospital Medical Expenses - (Accident only)				
<input type="radio"/>	Emergency Dental Expense				
<input type="radio"/>	Hospital Daily Cash				
<input type="radio"/>	Accidental Death				
<input type="radio"/>	Permanent Total Disablement				
<input type="radio"/>	Permanent Partial Disablement				
<input type="radio"/>	Death & Disability (Common Carrier)				
<input type="radio"/>	Delay of Checked-in Baggage				
<input type="radio"/>	Total loss of Checked-in Baggage				
<input type="radio"/>	Common Carrier Cancellation				
<input type="radio"/>	Common Carrier Delay/ Trip delay				
<input type="radio"/>	Visa Rejection/Denial				
<input type="radio"/>	Bounced Bookings Of Hotel And Airline				
<input type="radio"/>	Hotel Cancellation				
<input type="radio"/>	Ticket cancellation for medical reason – Flight, Bus and Train				
<input type="radio"/>	Study Interruption				

Select	Add on cover opted if any:	Details of Expenses Incurred	Date	Place	Amount
<input type="radio"/>	Emergency Medical Evacuation				
<input type="radio"/>	Repatriation of Mortal Remains				
<input type="radio"/>	Day Care Treatment Cover				
<input type="radio"/>	OPD Treatment				
<input type="radio"/>	Pre-Hospitalisation expenses				
<input type="radio"/>	Post-Hospitalisation expenses				
<input type="radio"/>	Temporary Total Disability				
<input type="radio"/>	Pre-Existing Disease Cover for a Life Threatening Condition				
<input type="radio"/>	New Born Baby Medical Expenses				
<input type="radio"/>	Maternity Expenses				
<input type="radio"/>	Vision Care				
<input type="radio"/>	Mental & Nervous Disorder				
<input type="radio"/>	Recovery Benefit - Post hospitalisation session based treatment				
<input type="radio"/>	Health Checkups				
<input type="radio"/>	Corporate Floater				
<input type="radio"/>	Mobility Cover				
<input type="radio"/>	Home Care Treatment				
<input type="radio"/>	Waiting period Modification of Pre-existing Disease (24 & nil)				
<input type="radio"/>	Ambulance				
<input type="radio"/>	Loss of Passport/Identification Documents/International driving License				
<input type="radio"/>	Replacement and Rearrangement - Business Trip Only				
<input type="radio"/>	Missed Connection or Flight				
<input type="radio"/>	Missed Event				
<input type="radio"/>	Denied Boarding - Carrier				
<input type="radio"/>	Compassionate Visit				
<input type="radio"/>	Compassionate Visit Stay				
<input type="radio"/>	Emergency Visit				
<input type="radio"/>	Hijack Daily Allowance				
<input type="radio"/>	University Insolvency				
<input type="radio"/>	Sponsor Protection				
<input type="radio"/>	Home Insurance Cover (Theft)				
<input type="radio"/>	Personal Liability & Bail Bond				
<input type="radio"/>	Hardship Allowance				
<input type="radio"/>	Income Protection Cover				
<input type="radio"/>	EMI Protection				
<input type="radio"/>	Fraudulent Charges (Payment Card Security)				
<input type="radio"/>	Political Risk & CAT				
<input type="radio"/>	Pet Cover				
<input type="radio"/>	Trip Curtailment and Interruption				
<input type="radio"/>	Upgradation to Business Class				
<input type="radio"/>	Emergency Cash				
<input type="radio"/>	HOLE-IN-ONE				

Select	Add on cover opted if any:	Details of Expenses Incurred	Date	Place	Amount
<input type="radio"/>	Golf Equipment Cover				
<input type="radio"/>	Return of Minor Child				
<input type="radio"/>	Accompaniment of Minor Child				
<input type="radio"/>	Key Replacement				
<input type="radio"/>	Adventure Sports				
<input type="radio"/>	Pandemic Cover				
<input type="radio"/>	Terrorism Cover				
<input type="radio"/>	Doctor on Call				
<input type="radio"/>	Medical Assistance Services				
<input type="radio"/>	Legal assistance				
<input type="radio"/>	Medical E- Opinion				
<input type="radio"/>	Delivery of Essential Medicine				
<input type="radio"/>	Emergency translation				
<input type="radio"/>	Trip Support/Information (General Assistance)				
<input type="radio"/>	Arranging medical evacuation or repatriation				
<input type="radio"/>	Home Care Assistance (Nurse at home arrangement)				
<input type="radio"/>	Arrangement of Parent Accommodation				
<input type="radio"/>	Arrangement of Compassionate Visit				
<input type="radio"/>	Emergency Document Delivery				
<input type="radio"/>	24*7 global assistance hotline				
<input type="radio"/>	Emergency travel assistance				
<input type="radio"/>	Travel and weather alerts				
<input type="radio"/>	Bag search / tag Services				
<input type="radio"/>	Home Rental Damage Coverage				
<input type="radio"/>	Sports Equipment Coverage				
<input type="radio"/>	Roadside Assistance/ Road Trip Assistance				
<input type="radio"/>	Sports Event/Musical Event/ Art Event Coverage				
<input type="radio"/>	Digital Nomad Coverage				
<input type="radio"/>	Pet Relocation				
<input type="radio"/>	Cancer Screening & Mammographic Examination				
<input type="radio"/>	Loss of Laptop, Tablet, Mobile, Phone, Camera				
<input type="radio"/>	STD cover				
<input type="radio"/>	Substance & Alcohol Abuse				
<input type="radio"/>	Medical Sub-limit Cover				
<input type="radio"/>	Emergency Accommodation				
<input type="radio"/>	University Excess Medical Cover				
<input type="radio"/>	Physiotherapy				

DETAILS OF INCIDENT TO BE SPECIFIED BELOW

Date: _____

Place: _____

Signature of Insured: _____

AUTHORIZATION

I hereby authorise any hospital, physician, or other person who has attended or examine, me, to furnish to the company, of its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies all hospital or medical records, a photostat copy of this authorization shall be considered as effective and calid as the original.

Date: _____

Place: _____

Signature of Insured: _____