

Instructions:

1. All fields in this form are mandatory
2. Issuance of this form does not imply acceptance of the liability
3. If there is any other information to be provided, please write the same in a separate sheet, sign the sheet and attach it to this Claim Form

Master Policy Number:

Period of Insurance: **COI Number (where applicable):**

Duration of cover under COI:

Claim Number:

Insured/ claimant details

Name of Insured/Ticket Holder (as applicable): _____

Relationship of claimant with Ticket Holder (if applicable): _____

Address: _____ Landmark: _____

City: _____ State: _____ Pin Code:

Contact No. 1: Contact No. 2:

Mail ID: _____

Booking details

1	Booking/Ticket Reference No.	
2	Mode of Purchase	
3	Cost of Ticket (in INR)	
4	Date of Time of Event	
5	Venue of Event	
6	Date & Time of Cancellation of ticket/ booking	
7	Reason for Cancellation	

Accident details (if applicable)

1	Date & Time of Accident	
2	Place of Accident	
3	Description of Accident	
4	Name of person who suffered due to Accident	
5	Name, address and contact number of witness (if available)	
6	Was the person who suffered due to Accident under the influence of alcohol/drugs at the time of Accident?	
7	Driving license details, in case of accident caused by self (Ticket Holder)	
8	Details of Baggage / Personal Belongings lost, with approximate valuation	

Details of injury/ death

1	Details of injuries sustained with name of the body parts	
2	If disabled, specify the nature of disability	
3	Specify the disability percentage in case of Permanent Partial Disablement	
4	In case of death, the cause	
5	Nominee details (for death cases only) - Name, relationship with Ticket Holder and address	

Treatment details

1	Casualty - Name, address and contact number of doctor/ Medical Practitioner	
2	Family - Name, address and contact number of doctor/ Medical Practitioner	
3	Hospitalization - Name, address and contact numbers of hospital	

Details of third party liability

Particulars of consequences of Accident

- 1) Has/ have any other person(s) sustained any injury(ies) in the Accident? If so,
- i) Give name(s), address(es) and occupation(s) of such person(s)
 - ii) Location of such person at the time of Accident
 - iii) Has/ have the injured person(s) been removed to hospital or medically attended? If so, provide particulars.
- 2) Has Accident caused damage to property or livestock? If so, provide name(s) and address(es) of the owner(s) of the property and/or livestock and full description of the property and state the nature and event of damage.
- 3) Has any claim been made upon Ticket Holder/ Insured by any person? If so, state by whom, give full particulars (claim should be made in writing) and attach a copy of the notification received and/or a bill, if submitted.
- 4) Estimated amount of claim separately under (1), (2) and (3) as mentioned in this section.

Medical confinement details

1	Full confinement period (actual days when fully confined to bed basis medical advice)	From _____ To _____ Total no. of days _____
2	Partial confinement period	From _____ To _____ Total no. of days _____

