



**Injury:**Date of Injury / Accident:        Brief narration of Accident \_\_\_\_\_  
\_\_\_\_\_Whether Police report filed?  Yes  No If yes, attach a copy of the report \_\_\_\_\_

Police station &amp; Report No. \_\_\_\_\_

If no, please state reasons for not informing Police \_\_\_\_\_

Are you on any kind of medication prior to Illness / Disease / Injury in question  Yes  No

If yes, provide details \_\_\_\_\_

Previous claims history under any other existing or expired Travel, Health or Personal Accident Insurances

Sl. No.	Name & Address of Insurance Company	Nature of disease / illness / injury	Policy No.	Date of Claim	Claim Ref. No.	Amount Claimed

Amount of claim (Please mention &amp; include under what head claims are lodged viz. hospitalization, medical, dental treatment etc. and attach separate sheet, if the space is insufficient)

Sl. No.	Description	Bill No.	Date	Amount in Foreign Currency
Total Amount claimed in INR				

Emergency Evacuation Services Available  Yes  No If yes, furnish details \_\_\_\_\_Compassionate visit done by any Family member  Yes  No If yes, name of the visiting person \_\_\_\_\_Relationship with the Insured \_\_\_\_\_ Date of Travel        **4 Loss Of Passport / Emergency Financial Assistance**

(Please note: The intimation to Police authority &amp; copy of report is essential for claim under this section)

Passport No. \_\_\_\_\_ Date of Loss        Brief description of loss \_\_\_\_\_  
\_\_\_\_\_Details of Police Report Report No. \_\_\_\_\_ Date         Name of Police Station \_\_\_\_\_  
(Please attach copy)

Details of Expenses Incurred	Date	Place	Amount

**5 Delay / Loss of Checked in Baggage**

(Please note: The intimation to Airlines, Copy of their PIR &amp; Baggage Tag is essential for claim under this section)

Scheduled Date & Time of Arrival         at \_\_\_\_\_ Hrs at \_\_\_\_\_ AirportActual Date & Time of Arrival of Baggage         at \_\_\_\_\_ Hrs at \_\_\_\_\_ AirportBrief description of loss \_\_\_\_\_  
\_\_\_\_\_

Name of the Airlines \_\_\_\_\_

Airlines Ref. No. \_\_\_\_\_ Date &amp; Time when loss was intimated to Airlines \_\_\_\_\_

Provide the Carrier / Airline details of having given any payment or declined the claim \_\_\_\_\_  
\_\_\_\_\_

In case of delay of baggage provide details of emergency purchases made & in case of loss, please provide details of items lost

Sl. No.	Details of Items Lost / Emergency Purchases made	Qty.	Date of Purchase	Purchase Price

Please attach the credit card statement and / or receipts showing emergency purchases made & the correspondence with the airlines.

## 6 Trip Delay / Cancellation / Hijack / Missed Connection / Overbooked Flight or Emergency Accommodation (Please note: The documentary evidences regarding delay / cancellation etc. is mandatory for claim under this section)

Flight Details \_\_\_\_\_

Scheduled Date & Time of Departure  at \_\_\_\_\_ Hrs.

Actual Date & Time of Departure  at \_\_\_\_\_ Hrs.

Reason for the Delay / Cancellation of the Trip \_\_\_\_\_

Details of Financial Losses / Additional Expenses due to Delay / Cancellation of Trip or Emergency Accommodation

Sl. No.	Description	Amount

Was the Accommodation / Boarding / any kind of Compensation provided by Carrier / Airlines  Yes  No

If yes, please provide the details \_\_\_\_\_

## 7 Home Contents / Fire / Burglary / Pet Care

Date of Loss

Brief description of Loss \_\_\_\_\_

Details of Loss (Please attach relevant supporting documents)

Sl. No.	Description	Amount

## 8 Liability (Personal / Legal) or Any other type of Claim

(Please note: The documentary evidences regarding accident / police report / legal reports etc. are mandatory for claim under this section)

Date of Accident

Brief description of Accident \_\_\_\_\_

Details of Liability / Status of Legal Case \_\_\_\_\_

## 9 Other Insurance Details

Are you currently insured under any other Travel, Health, Home or Baggage Insurance policies?  Yes  No If yes, provide details

Sl. No.	Name & Address of Insurance Company	Policy No.	From	To	Sum Insured (Rs.)

Do you wish to provide any other information as relevant to the claim made?  Yes  No If yes, details (if required you may attach a separate sheet)

## 10 Consent for Access to Records & Declaration

I/We hereby authorize ICICI Lombard General Insurance Company Ltd. or any other individual/agency engaged by ICICI Lombard to obtain all medical or legal record pertaining to the above patient/insured available with any hospital/doctor/legal forum.

I/We agree to provide additional information to the Company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

Date  Place \_\_\_\_\_

Signature of the Insured

# Attending Physician's Statement

Name of the Patient \_\_\_\_\_

Age in Years   Gender:  Male  Female

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

Pincode \_\_\_\_\_ State \_\_\_\_\_

### Illness / Disease Cases

Date when patient approached for first consultation / treatment

Diagnosis \_\_\_\_\_

Please provide previous Medical history of the Patient \_\_\_\_\_

Is the present condition attributed to congenital defect? If yes, please provide details \_\_\_\_\_

### Injury Cases

Nature of the accident & details of injuries sustained \_\_\_\_\_

Are the injuries solely due to the accident or traceable to any previous injuries / disease / infirmities? \_\_\_\_\_

Nature of treatment / surgery performed for present illness / disease / injury \_\_\_\_\_

Has the injury resulted in to any Permanent Total / Partial Disablement?  Yes  No

If yes, please provide details \_\_\_\_\_

Was the patient under the influence of intoxicants or drugs at the time of the accident?  Yes  No

If yes, please provide details of diagnosis done \_\_\_\_\_

Are you patient's usual Medical Attendant?  Yes  No

If yes, please give details of previous treatments for any illness / disease / injury \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Registration No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Date

Doctor's Name & Address Stamp

Signature of the Doctor

CLAIM FORM/TRAVEL/THINQ/09-14. Insurance is the subject matter of solicitation.