CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
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Cholamandalam MS
General Insurance

CHOLA MS Corporate Travel - Claim Form

● The issuance of this form is not to be taken as an Admission of Liability. ● Please answer all questions completely. Use additional sheet, if required. ● Please attach the document required as indicated. ● Please note that the list of documents mentioned is an indicative list; the Insurer may ask for any other documents to process the claim. ● Please attach the medical report in the enclosed format for claim under Personal Accident.

Details of The claimant: Name of Claimant *(in full)* Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ M/s. ☐

Policy Number _____ Period of Insurance D D M M 2 0 0 Y To D D M M 2 0 0 Y

Address _____

City _____ State _____ Pin code _____

Telephone Number _____ Mobile Number _____

Occupation _____ E-mail _____

Relationship of claimant with the insured _____ Date of commencement of Trip D D M M 2 0 0 Y Date of Scheduled Return D D M M 2 0 0 Y

Section to which Claim pertains (Please tick whichever is applicable)

Medical Expenses (Medical Evacuation Included) ☐ Repatriation of Remains (Within overall medical limit) ☐

Dental Treatment Expenses ☐ Total Loss of Checked Baggage ☐ Delay of Checked-In Baggage ☐ Loss of Passport ☐

Loss of International Driving License ☐ Personal Accident – Overseas ☐ Personal Liability ☐ Financial Emergency ☐

Hospital Daily cash ☐ Hijack Relief ☐ Trip Cancellation ☐ Trip Curtailment ☐

Trip delay ☐ Emergency Travel Expenses - Replacement of Colleague Abroad ☐

Emergency Medical Expenses - Domestic (Accidental Hospitalization only within India from residence to Airport and/or vice versa) ☐

Personal Accident - Domestic ☐

1. Medical Expenses – Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of the disease contacted _____

When disease first manifested (Date) D D M M 2 0 0 Y Date when treatment started D D M M 2 0 0 Y Date when treatment ended D D M M 2 0 0 Y

Date of admission D D M M 2 0 0 Y Date of discharge D D M M 2 0 0 Y

Name of Treating Doctor _____ Name of Clinic / Hospital _____

Address _____

Contact number _____ Nature of Disease/Injury *(Please describe briefly)* _____

Hospital expenses *(Please show each head separately; Please mention in US Dollars)*

a. Room rent _____ Consultancy Charges _____ Cost of treatment _____

Other costs _____ Outpatient expenses _____ Total Claim Amount _____

2. Repatriation of Remains - if you are claiming for the extra costs of transportation home (for self and / or accompanying person), mortal remains or burial expenses, please provide following details

a. Name of airlines _____ Burial Details _____

Expenses incurred _____ Other incidental costs with bifurcation of expenses _____

3. Dental Treatment Expenses - Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic / investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

Name of the disease contacted _____

When disease first manifested (Date) D D M M 2 0 0 Y Date when treatment started D D M M 2 0 0 Y Date when treatment ended D D M M 2 0 0 Y

Date of admission D D M M 2 0 0 Y Date of discharge D D M M 2 0 0 Y

Name of Treating Doctor _____ Name of Clinic / Hospital _____

Address _____

Contact number _____ Nature of Disease/Injury *(Please describe briefly)* _____

Hospital expenses *(Please show each head separately; Please mention in US Dollars)*

Room rent _____ Consultancy Charges _____ Cost of treatment _____

Other costs _____ Outpatient expenses _____ Total Claim Amount _____

4. Total Loss of Checked-In Baggage – Please attach the details of individual items lost, approximate cost and purchase date, Copies of baggage tags, Copies of correspondence with airline authorities / others about loss of checked baggage, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Copy of the passport / visa with entry & exit stamp, Adequate proof of ownership of items contained within checked-in-baggage valued in excess of the Indian rupee equivalent of US $ 100 for loss/delay of checked-in-baggage will need to be submitted.

Number of Checked – In Baggage

Nature and description of the items lost

Description of the items lost with regards to number, nature and cost of each item

Total Claim Amount

5. Delay of Checked-In Baggage - Please attach the details of items purchased during the delay period, Copies of baggage tags, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Original bills / receipts / invoices connected to expenses incurred / purchases made during the delay period, Copy of the passport / visa with entry & exit stamp.

Name of airline Flight Number

From To

Scheduled Departure Date and time Scheduled Arrival Date and time

Actual Departure Date and time Actual Arrival Date and time

Description of items purchased with regards to number, nature and cost of each item

Total Claim Amount

6. Loss of Passport - Please attach Copy of new passport, Copy of previous passport (if available), Original bills / invoices of expenses incurred for obtaining a new passport, Copy of FIR / police report.

Date of Loss Application Document Fee

Incidental Cost Total Claim Amount

7. Loss of International Driving License – Please attach Copy of new International Driving License, Copy of previous International Driving License (if available), Original bills / invoices of expenses incurred for obtaining a new International Driving License, Copy of FIR / police report.

Date of Loss Application Document Fee

Incidental Cost Total Claim Amount

8. Personal Accident - Overseas – Please attach Police report, Post Mortem Report, Death certificate, Medical report in the enclosed format, Certificate from treating Doctor for Permanent Disability.

Date and time of Accident D D M M 2 0 0 Y Full description of the cause of accident

Name of Treating Doctor Name of Clinic / Hospital

Address

Contact number Total claim amount

9. Personal Liability – Please attach the Judgment of the Court

Date and time of Accident D D M M 2 0 0 Y Nature of Claim being made

Court where the case is being pursued

Total amount of the award including claimant amount Total claim amount

10. Financial Emergency – Please attach the Police report

Date and time of Loss D D M M 2 0 0 Y Place of Loss

Amount of the fund lost Total claim amount

11. Hospital Daily cash

Total number of days for amount being claimed from Total claim amount

12. Hijack Relief - Please attach the copy of passport / visa with entry & exit stamp (if any), copy of the ticket and boarding pass, the police report with details such as the passport number of the Insured & period of hijacking, newspaper report (if available)

Name of airline Flight Number From To

Scheduled Departure Date and time Scheduled Arrival Date and time

Date and time of Hijack Date and time of return

Full description of the incident

13. Trip Cancellation - Please attach the details of expenses incurred, Original bills of expenses incurred due to cancellation, Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for cancellation like Death certificate etc.

Name of airline Flight Number From To

Scheduled Departure Date and time Reason for Trip Cancellation

Total Claim Amount

14. Trip Curtailment - Please attach the details of expenses incurred, Original bills of expenses incurred due to cancellation, Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for cancellation like Death certificate etc.

Name of airline Flight Number From To

Scheduled Departure Date and time Reason for Trip Curtailment

Total Claim Amount

15. Trip delay - Please attach the details of items purchased during the delay period, Original bills of purchases made / expenses incurred during the period of delay, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass, Copy of the passport / visa with entry & exit stamp.

Name of airline Flight Number From To

Scheduled Departure Date and time Scheduled Arrival Date and time

Actual Departure Date and time Actual Arrival Date and time

Description of items purchased with regards to number, nature and cost of each item

Total Claim Amount

16. Emergency Travel Expenses - Replacement of Colleague Abroad – Please attach the details of expenses incurred, Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for replacement like Name & Certificate Number of the Employee Hospitalised etc.

Name of airline Flight Number

From To

Scheduled Departure Date and time

Letter from the Insured designating the Replacement Colleague stating the reason for Replacement

Total Claim Amount

17. Emergency Medical Expenses - Domestic (Accidental Hospitalization only within India from Residence to Airport and/ or vice versa) Please attach Doctor's reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass (as applicable).

Date and time of Accident Full description of the cause of accident

Date when treatment started Date when treatment ended

Date of admission Date of discharge

Name of Treating Doctor Name of Clinic / Hospital

Address

Contact number Nature of Injury

Hospital expenses (Please show each head separately)

a. Room rent Consultancy Charges

Cost of treatment Other costs

Outpatient expenses Total Claim Amount

18. Personal Accident - Domestic – Please attach Police report, Post Mortem Report, Death certificate, Medical report in the enclosed format, Certificate from treating Doctor for Permanent Disability.

Date and time of Accident Police report lodged - Yes/No

Full description of the cause of accident

Name of Treating Doctor Name of Clinic / Hospital

Address

Contact number Total claim amount

Declaration

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident or any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect the present or future claim shall be forfeited.

Place:
Date:

Signature of Claimant/Insured