

Liberty Inland Travel Insurance **For IRCT Customers** **Claim Form**

IMPORTANT:

Please contact us on our Toll free number: 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week)

Issuance of this form does not amount to admission of any liability or a waiver of any of the terms and conditions of the Policy. If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then the Policy shall be void and all benefits paid under it shall be forfeited.

Please give the following information correctly and completely to enable us to process Your claim promptly along with the documents as mentioned in the ‘**Annexure A- Claim Documents Checklist**’

Use additional sheet, if required.

Master Policy No.	_ _ _ _ _	Certificate No.	_ _ _ _ _	PNR No.	_ _ _ _ _
Policy Holder Name	_ _ _ _ _				
Claimant's Name:	_ _ _ _ _				
Claimant's Address:	_ _ _ _ _				
Phone No. (Mobile):	_ _ _ _ _	Phone No. (Res):	_ _ _ _ _		
Email ID:	_ _ _ _ _				
Policy start date:	_ _ _ _ _	Policy end date:	_ _ _ _ _		

Please tick the applicable benefit You want to claim for ?

Y/N	Coverage	Claimed Amt.	Y/N	Coverage	Claimed Amt.
	Section 1. Accidental Death			Section 5: Transportation of Mortal Remains	
	Section 2: Permanent Total Disablement			Section 6: Train Delay	
	Section 3: Permanent Partial Disablement			Section 7 : Household Theft/Robbery (Contents)	
	Section 4: Emergency Accidental Hospitalization				

Hospitalization Expenses for Injury

Provide name, address & telephone number of Hospital / Clinic: _____

Treating Doctor's Name & Qualifications: _____

Treating Doctor's Telephone Number: (O) _____ (M) _____

Room / Ward / Bed Number: _____

Dates of treatment: From: _ _ _ _ _

To: _ _ _ _ _

Date of onset of symptoms: DDMMYYYY

Attending Doctor's Report

Date doctor contacted: DDMMYYYY

Time: HHMM

Date of Accident: _____

State diagnosis and nature of treatment provided: _____

Describe any other disease or infirmity affecting present condition: _____

Was the ailment due to Pregnancy: ☐ Yes ☐ No

Was the ailment aggravated due to any pre-existing condition? ☐ Yes ☐ No

If yes, please give details: _____

Can the patient be evacuated to another location for Treatment? ☐ Yes ☐ No

Medical Doctor's Signature and Date: _____

Disability Related

Nature of Disability (Permanent/Partial): _____

Percentage of Disability: _____

Disability Certificate Issued: Yes ☐ No ☐

X-ray taken: Yes ☐ No ☐

Diagnosis and Treatment given: _____

Signature: _____
Attending Doctor's Signature

☐ Train Delay

Confirmation letter from IRCTC stating the Reason for Train Delay with duration of delay:

Original Travel Dates: From: DDMMYYYY To: DDMMYYYY

Train delayed on: DDMMYYYY

Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details)

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Train Delay:

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I/We hereby agree, affirm and declare that:

1. The statements/ information given/ stated by me/ us in this claim form are true, correct and complete.
2. The details of all people 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.
3. 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.
4. 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 void and that I/ We shall not be entitled to all/ any rights to recover hereunder in respect of any or all claims, past, present or future.
5. 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 documents in respect of the claim.
6. I do hereby authorize International Subrogation Management (ISM) to inquire and obtain any information regarding my accident. Further, Liberty General is hereby authorized to release any and all information, including copies of pertinent documents, which ISM may deem necessary in order to satisfy their inquiry, If during the investigation, ISM has identified a potential recovery source, allowing the Plan Participant's employer to recover paid benefits, ISM is authorized to release any all records they deem necessary in order to pursue the recovery.
7. I/We hereby give voluntary consent to Liberty General Insurance Limited/Company to process/share my/our personal information and data provided in this form with its group companies or any other person/ Service Provider of Company in connection with the Insurance Policy/ claims made there under or otherwise, including for providing other products of the Company that may be of interest to me/us, to be used in accordance with their respective privacy policies.

Place: _____
Date: _____

Signature of the claimant _____

All information received as a result of this release will not be disseminated to any other entity without the expressed written authorization of the Plan participant, or The Member, if the Participant is a minor. This authorization is valid for one year from the date of signature.

*Please read the policy wordings for detailed requirements of documents Liberty General Insurance Limited

Insurance is the subject matter of the solicitation MISC 110

Corporate Office:

Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013

Insurance underwritten by Liberty General Insurance Co. Ltd. Insurance is the subject matter of the solicitation. MISC 110

Annexure A- Claim Documents Checklist

Following is the indicative document list for reimbursement claims:

Emergency Accidental Hospitalization

- Report of the Railway Authority confirming the accident of the train
- Train ticket details
- Duly filled and signed Claim Form by insured / Nominee along with the NEFT mandate details & Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Policy details
- Original Detailed Discharge Summary / Day care summary from the hospital.
- Original consolidated hospital bill with bill no. and break up of each Item, duly signed by the insured.
- Original payment Receipt of the hospital bill with receipt number, Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
- Copy of Indoor cases papers and other medical records as applicable for claim

- Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- Original medicine bills and receipts with corresponding Prescriptions.
- Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.
- Hospital Registration Number and PAN details from the Hospital
- Doctors registration Number and Qualification from the doctor
- Photo ID and Address proof of policy holder and patient
- C-KYC form for claims above 1 lac

Accidental Death

- Report of the Railway Authority confirming the accident of the train
- Report of the Railway Authority carrying the details of the passengers declared dead.
- Duly Completed Personal Accident Insurance Policy Claim Form signed by Nominee / Legal Heir along with the NEFT mandate details & Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Train ticket details towards the journey
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Policy details

Permanent Total Disablement & Permanent Partial Disablement

- Report of the Railway Authority confirming the accident of the train
- Report of attending doctor confirming the extent of disability.
- Medical bills corresponding to doctor's prescription
- Duly Completed Personal Accident Insurance Policy Claim Form signed by insured/nominee along with the NEFT mandate details & Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR.
- All X-Ray / Investigation reports and films supporting to disablement.
- Policy details
- Photograph before & after disability
- ticket details towards the journey

Transportation of Mortal Remains:

- Report of the Railway Authority confirming the accident of the train
- Report of the Railway Authority carrying the details of the passengers declared dead
- Photo identity proof of nominee. In absence of nominee, claim will be paid to Legal Heir only – as per Legal Heir / Succession Certificate
- Duly filled and signed Claim Form along with the NEFT mandate details & Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Policy details.
- ticket details

- Attested Copy of death certificate with date, time, place and cause of death.
- Receipt towards expenses incurred in preparation and packing of mortal remains of the deceased along with the transportation of the same to the city of residence.

Train Delay

- Confirmation Letter from IRCTC
- Duly filled Claim Form
- Cancelled cheque/ NEFT details.
- Ticket details.

Household Theft/Robbery:

- Duly filled and signed claim form
 - Policy details
 - Travel ticket details
 - FIR copy
 - Inventory/list of items stolen and their original invoice
- Any other document as may be appropriately applicable for the claims