



Hospitalization Expenses due to Accident

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: D|D|M|M|Y|Y|Y|Y To: D|D|M|M|Y|Y|Y|Y

Date of onset of symptoms: D|D|M|M|Y|Y|Y|Y

Attending Doctor's Report

Date doctor contacted: D|D|M|M|Y|Y|Y|Y Time: H|H|M|M

Nature of Ailment: _____

State diagnosis and nature of treatment provided: _____

When did patient's symptoms first appear? _____

Describe any other disease or infirmity affecting present condition: _____

Was the ailment due to Pregnancy: No Yes

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

If yes, please give details: Yes

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

Medical Doctor's Signature and Date: _____

Accident & Disability Related

Date of Accident-----

Time of Accident-----

Place & Location-----

Description of accident/Incidence-----

Details of injuries sustained-----

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

Loss of Checked-In Baggage:

Describe when & where the Loss / Delay took place: _____

State the extent of Delay / Loss: _____

Place of Delay / Loss: _____

Actual Date & Time

of Arrival of |||||
flight/Common |

carrier at Port: || |||

Actual Date & Time when Bags were delivered:

||||||||||

||||

Had the common carrier been notified at the time of loss? Yes No

Property Irregularity Report (PIR) number from Airline/ Common Carrier: _____

Details of compensation received from carrier: _____

Sr. No.	Item Purchased / Items Lost	Date of Purchase	Cost in INR for loss claim
Total			
Compensation from Airline			
Net Amount			

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Checked-in Baggage Loss/Delay:

Trip Cancellation and Interruption

Trip cancelled Trip Interruption

Reason for Trip Cancellation / Interruption: _____



Please detail out the above reason for trip cancellation / Curtailment (how, where, when and reason for the same):

Trip Cancellation / Interruption date: DD|MM|YY|YY|YY|YY|

Original Travel Dates: From: DD|MM|YY|YY|YY|YY| To: DD|MM|YY|YY|YY|YY|

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

Details of Losses / Expenses Incurred:

Sr. No.	Loss / Expenses Details	Amount

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Trip Cancellation/Curtailment:

Trip Delay

Reason for Trip Delay: _____

Please detail out the reason for trip delay (how, where, when, what was lost and reason for the same):

Original Travel Dates: From: DD|MM|YY|YY|YY|YY| To: DD|MM|YY|YY|YY|YY|

Trip delayed on: DD|MM|YY|YY|YY|YY|

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

Details of Expenses Incurred:

Sr. No.	Loss / Expenses Details	Amount

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Trip Cancellation/Curtailment:

Compassionate allowance

Emergency Family Visit Emergency Family Accommodation

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 hospitalization: From: To:

Date of onset of symptoms:

Attending Doctor's Report

Date doctor contacted: Time:

Nature of Ailment: _____

State diagnosis and nature of treatment provided: _____

When did symptoms first appear? _____

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 back to city of residence? Yes No

Estimated time the patient would continue to be in the hospital? _____

Medical Doctor's Signature and Date: _____

Expenses Details

Sr. No.	Details of expenses	Date	Expenses in INR

Please refer attached Annexure "A" for documents to be submitted in support of the claim for Emergency Family Visit/Accommodation

Missed Flight Connection

Original Travel Schedule: (Please give date and time of all flights, mentioning the original and actual arrival and departure times.

Please also mention the name of carriers and flight numbers) _____

Which flight was delayed causing a missed connection? _____

Reason for delay of the flight: _____

Details of expenses due to Missed Connection:

Sr. No.	Expenses	Amount

Repatriation of mortal remains

Common carrier/flight details-----

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Details of expenses preparation and packing of the mortal remains

Sr. No.	Expenses	Amount

Automatic Trip Extension

Common carrier/flight details-----

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Travel date/Flight date-----

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Carrier Cancellation (applicable only for air travel)

Common carrier/flight details-----

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Travel date/Flight date-----

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Declaration

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to



claim reimbursement shall be forfeited. I also consent & authorize insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I also consent TPA/Insurance company to share my claim related information / documents to any third party agency or service provider for the sole purpose of claim related enquiry/transaction only. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

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.

Corporate Office:

Liberty General Insurance Ltd. 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel - 400013.

Annexure A- Claim Documents Checklist

Documents to be submitted:

Basic documents required for all claims include

- a) Duly completed claim form
- b) Photo Identity Proof of the insured person
- c) Any other relevant document required by the Company for assessment of the claim
- d) NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- e) KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines

Other documents to be submitted to claim under respective sections are provided below:

SectionNo.	Sections	Documents to be submitted
1	Hospitalization Expenses due to Accident	<ul style="list-style-type: none"> • Original Discharge Summary (wherever applicable) • Original Medical Reports • Original Invoices/Bills • Original Payment Receipts • Hospitalization Expenses due to Accident • Investigation Reports supporting the diagnosis, if any • Treating doctors report for necessity for evacuation, if applicable
2	Accidental Death	<ul style="list-style-type: none"> • Death Certificate • Post-mortem Certificate, if conducted • FIR (wherever required) • Police Investigation report • Viscera Sample Report (if applicable) • Forensic Laboratory report • Legal Heir Certificate • Succession Certificate • Copy of discharge summary (if available).
3	Permanent Total Disability (PTD)	<ul style="list-style-type: none"> • Original treating Medical Practitioner's certificate confirming the disability and its %. • Original Discharge summary from the Hospital Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

4	Permanent Partial Disability(PPD)	<ul style="list-style-type: none"> • Original treating Medical Practitioner's certificate confirming the disability and its %. • Original Discharge summary from the Hospital • Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
5	Repatriation Of Mortal Remains	<p>In case of transportation of the body of the deceased to the City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.</p> <ul style="list-style-type: none"> • Copy of Embalming certificate, if any • Flight itinerary and Boarding pass and/or ticket details as applicable • Copy of death certificate. • Post mortem report, if conducted.
6	Automatic trip extension	<ul style="list-style-type: none"> • Certificate from common carrier on cancellation of flight. • Newspaper articles, if any
7	Compassionate Allowance	<ul style="list-style-type: none"> • Report from the treating doctor advising the requirement of support from family or any person deputed by the family. • Copy of the ticket • Copy of the receipt for accommodation
8	Missed Connection (applicable only for air travel)	<ul style="list-style-type: none"> • Copies of Travel ticket and boarding pass of flight Scheduled from the first port of arrival • Copies of Travel ticket and boarding pass of New flight Scheduled from the first port of arrival • Confirmation from the Common Carrier of the delayed flight along with the reasons for delay • Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same • Original used ticket obtained afresh towards the alternative flight • Certificate from the Common Carrier of the Missed Flight that the fare for the part of the Trip covered by

		<p>the Missed Flight is forfeited in full or in part together with the amount of forfeiture.</p> <ul style="list-style-type: none"> • Original used ticket obtained afresh towards the alternative • Common Carrier for the part of the journey covered by the missed Common Carrier indicating the amount paid as fare, and in which such Insured Person has travelled • Confirmation of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin
9	Loss Of Checked-in Baggage (applicable only for air travel)	<ul style="list-style-type: none"> • 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), • The Insured has to provide an undertaking in writing stating that in the event if the baggage is traced and returned to him/ her, he / she will be refunding the entire claim amount settled under this policy. • Flight itinerary
10	Trip Delay (applicable only for air travel) (beyond 3 hour)	<ul style="list-style-type: none"> • Copy of ticket & boarding pass, • Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay. (Mandatory) • Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any). • Copies of Boarding Pass, Ticket.
11	Carrier Cancellation (applicable only for air travel)	<ul style="list-style-type: none"> • Confirmation from the Common Carrier of the cancellation of flight along with the reasons for cancellation.

12	Trip cancellation & Interruption	<ul style="list-style-type: none"> • Confirmation of cancellation of the Trip detailing the circumstances of cancellation; • Original ticket issued by the Common Carrier indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip, the cancellation charges retained; • Original bill and a receipt / letter obtained from the hotel and /or guest house and / or any other paid residential accommodation (available for fee) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained, wherever such accommodation has been arranged at the place of cancellation of the Trip; • Ticket issued by the Common Carrier in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured which indicate the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip. • In case the cancellation of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured arising out of the contingencies namely earthquake, storm, flood, inundation cyclone, tempest & terrorism, the duly completed claims form to be accompanied by: <ol style="list-style-type: none"> i. A declaration from the Insured furnishing the circumstances that compelled him / her to cancel the Trip; ii. Medical evidence as may be required by the Third Party Administrator in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family; iii. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained; iv. Receipt / letter obtained from the hotel and / or
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		<p>guest house and <i>I</i> or any other residential accommodation (available for a fee) indicating the cancellation charges retained, wherever such accommodation has be arranged at the place of cancellation of the Trip;</p> <p>v. Used ticket issued by the Common Carrier or boarding pass, as the case may be, in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip.</p> <p>vi. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy</p>
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