

Overseas Mediclaim Policy for Business & Holiday Travel

Claim Form

(To be submitted to below mentioned address for lodging claim)

April - Paris April International Assistance 110, Avenue de la république 75011 Paris, France. Tel : +33 (1) 41 61 23 07 +33 (1) 41 61 23 00 Toll Free : From within Europe – + 800 41 41 44 44 Fax : +33 (1) 44 51 1693 Email : ops@coris.fr [Jurisdiction: Continental Europe, UK & Ireland, Africa, Pakistan]	April - Miami April USA Assistance, Inc. 11900 Biscayne Blvd # 600, Miami, Florida 33181 USA Tel : +1 305 698 7757 +1 305 357 2100 Toll Free : Within US and Canada +1 877 536 7264 +1 800 358 9105 Fax : +1 305 698 0176 +1 305 891 7840 Email : assistance@corisamerica.com [Jurisdiction : North, Central & South America]	Heritage – Mumbai Heritage Health Services Pvt. Ltd. 1102, Raheja Chambers, 213, Free Press Journal Road, Nariman Point, Mumbai - 400 025, India. Tel : +91 22 66547965, 7960, 7961 Fax : +91 22 6654 6812 Email : heritagehealth@vsnl.net [Jurisdiction: South & South East Asia, Middle East, Australia & New Zealand]
---	--	---

All fields are mandatory. Please do not leave any field blank. Write NA if not applicable.

1	Policy No. Date of policy issued (dd/mm/yyyy) Date of trip commencement (dd/mm/yyyy) Plan name No. of days of trip Scheduled Date of Return Country of visit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	Details of the Insured Person (In respect of whom claim is made) (a) Name (c) Present age in completed years (d) Occupation (e) Residential address in India	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Section of policy under which claim is made Section A – Medical expenses & repatriation Section B – Personal accident Section C – Loss of checked in baggage Section D – Delay of checked in baggage Section E – Loss of passport Section F – Personal Liability	Write Yes/ No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	Date of claim occurrence (dd/mm/yyyy)	<input type="text"/>
5	Name as in bank account in India Bank name	<input type="text"/> <input type="text"/>

Branch name & address	
Account no.	
Account type	
IFSC code	
MICR code	

Please fill the details of the relevant section of claim below, and submit the required documents as mentioned in Annexure I. to support claims for the section. Please strike off the section(s) not claimed for.

Section A, Section B

(To be completed by the claimant or the claimant's legal personal representative)		
Name of Sick or Injured Person	:	
Nature of Injury / Illness	:	
Date of Injury / Illness	:	
Place of Injury / Illness	:	
Circumstances of Injury/ name of illness	:	
Was the illness declared at the time of taking policy?	:	
If claim was due to hospitalisation or curtailment, was the Emergency Assistance Departmental contacted (YES/NO). If not, please advice why?	:	
Dates of Hospitalisation	From: __/__/____	To: __/__/____
Claim amount (Section A only)	:	
Details of any third parties involved in accidental injury or death of insured person.	:	
Details of any other health insurance cover by the insured	:	
Name of Insurer	:	
Address	:	
Policy No.	:	
Tel. No.	:	

Details of Claimed Expense, Providers Name, Prescription Charges, etc.	Amount Charged in Local Currency	IMPORTANT
		Has Bill Been Paid by You?
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
		YES / NO
TOTAL AMOUNT		

Section C & Section D

Time, Date and Place of Loss / Delay	:	
Full Circumstances of Loss / Delay	:	
Loss / Delay occurred in the custody of an airline? (Yes/ No)	:	
Date reported to Carrier	:	

Name and address of carrier	:
Amount claimed	:
Name and Position of any other person in authority to whom the matter was reported.	:
Details of any other insurance covering Household Contents or All Risks Policy or any other Policy in force which may cover this loss including Private Policy Travel Extension by the insured?	:
Name of Insurer	:
Address	:
Policy No.	:
Tel. No.	:

Section E

(To be completed by the claimant or the claimant's legal personal representative)	
Time, Date and Place of Loss	:
Full Circumstances of Loss	:
Amount claimed	:
Name and Position of any other person in authority to whom the matter was reported.	:

Section F

Time, date and place of accident resulting to liability	:
Full circumstances of accident	:
Amount claimed	:
Name of the third party person/ property	:
Address of third party person/ property	:
Contact no. of third party person/ property	:

Additional information you may wish to give in support of your claim under any section of the policy (Please mention section number)

Declaration

I hereby declare, on my behalf and on behalf of the person proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance policy and that the policy will come into force only after full receipt of the premium chargeable.

I further declare that I will notify in writing any change occurring in the occupation or general health of the proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the proposer or from any past or present employer concerning anything which affects the physical or mental health of the proposer and seeking information from any insurance company to which an application for insurance on the proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

Date:

Place:

Signature of Insured

The following documents must be enclosed with your completed claim from

Section A

- Original certificate of insurance
- Copy of passport
- Copies of airline tickets
- Original bills or receipts for full amount of claim (photocopies not acceptable)
- Confirmation by hospital of dates of hospitalisation (for claims for hospital benefits)
- Death certificate (for repatriation of remains)
- Medical practitioner's report
- Any other document required by the **Service Provider**

Section B

- Original certificate of insurance
- Medical reports giving the details of the Accident, nature of Injury and the extent of disability.
- Medical Practitioner's certificate in case of Injury (in case of Permanent Partial Disablement/ Permanent Total Disablement) stating the reasons and the extent of the Injury."
- In case of death of the Insured Person, death certificate issued by the Medical Practitioner who attended on the Insured.
- Postmortem certificate, wherever postmortem is conducted, to be produced if required by the Service Provider.
- Police report in original in case the Accident shall have taken place in a public place.
- Any other document required by the Service Provider

Section C

- Original certificate of insurance
- Airline tickets
- Property Irregularity Report (PIR) in case of loss while in the custody of a carrier
- Any available receipts for the contents of the lost baggage including valuations, sales literature.
- Proof of ownership for items valued in excess of US\$ 100.
- Originals of all written reports received from the common carrier
- Any other document required by the **Service Provider**

Section D

- Original certificate of insurance
- Airline tickets
- Property Irregularity Report (PIR) in case of loss while in the custody of a carrier
- Non-delivery certificate from the carrier stating the delay
- Any available receipts for the contents of the lost baggage including valuations, sales literature.
- Original bills for necessary items bought, in case of delay
- Originals of all written reports received from the common carrier
- Any other document required by the **Service Provider**

Section E

- Original certificate of insurance
- Airline tickets

- Police report confirming loss of passport
- Official receipt and other supporting documents for obtaining emergency travel document while abroad and in the Republic of India
- Any other document required by the **Service Provider**

Section F

- Original certificate of insurance
- Airline tickets
- Police report
- Surveyors estimate of loss of property
- Confirmation by hospital of dates of hospitalisation (for claims for hospitalisation of third party)
- Death certificate (for compensation claims due to death of third party by accident)
- Any other document required by the Service Provider