



**Royal Sundaram**

**TRAVEL SAFE  
CLAIM FORM**

FOR OFFICE USE ONLY

Issuing office : \_\_\_\_\_

Date of Issue : \_\_\_\_\_

Claim No : \_\_\_\_\_

**ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED**  
46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391 Fax: 044-2851 5500  
E-mail : customer.services@royalsundaram.in

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

Please ensure that all questions are answered in capital letters using an ink pen

Policy Number	<input type="text"/>	Certificate Number	<input type="text"/>
Card Number / Account Number	<input type="text"/>	Name of the Bank	<input type="text"/>

**1. INSURANCE DETAILS**

Name of the Insured

Address for Correspondence  
(with Pin Code)

Telephone Daytime / Mobile No.  STD Code :

Telephone Evening  STD Code :

E-mail ID

**2. LOSS OF BAGGAGE AND / OR PASSPORT**

Date of the Loss  (DD/MM/YY)

Time of Loss  (AM/PM)

Place of Loss

Circumstances of loss

Was the loss reported to the Police ?

Yes

No

If 'Yes' please give the address  
of the Police Station.  
If 'No' please give reasons why

Police Crime reference No.

Was the loss reported to the  
Transport provider / Appropriate authority /  
Hotel or Consulate authority ?

Yes

No

If 'Yes', please give full name and  
address to whom the loss was reported  
If 'No', please give reasons why

Has the claim been lodged on the  
appropriate authority ?

Yes

No

If 'Yes', please provide full details  
If 'No', please give reasons why

**LOSS OF BAGGAGE**

Date of Purchase	Full description of item	Sum claimed for Present Value
	<b>TOTAL</b>	

**Please enclose**

- Copy of written complaint made to the Police
- Copy of written complaint made to Transport Provider.
- Copy of written complaint made to Hotel Authorities / Appropriate Authorities
- Non-traceable certificate from the Police
- Reply received from the relevant authorities
- Property Irregularity Report from airline authorities.
- Letter of Subrogation
- Copies of bills, if any

**LOSS OF PASSPORT**

Passport Number	Expiry date of Passport	Date of Expense	Description of Expense	Expenses claimed
			TOTAL	

**Please enclose**

- Copy of written report made to police or immigration authority or consular authority.
- Reply received from the relevant authorities.
- Original bills and receipts for expenses claimed.
- Copy of fresh / duplicate passport.

**3. DELAY OF CHECKED IN BAGGAGE**

Name of the Airline

Baggage check number issued by the airline

Date and time of your arrival at your destination

(DD/MM/YY)

(AM/PM)

Date and time of receipt of your baggage at your destination

(DD/MM/YY)

(AM/PM)

Duration of delay

Date of Expense	Description of Expense	Expenses Claimed
	TOTAL	

**Please enclose**

- Copy of complaint made to the airline.
- Certificate from airline confirming the period of delay.
- Original bills and receipts for expenses claimed.

**4. DELAYED FLIGHT**

Date and time of Scheduled departure

(DD/MM/YY)	(AM/PM)
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Date and time of actual departure

(DD/MM/YY)	(AM/PM)
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Duration of delay

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Date of Expense	Description of Expense	Expenses Claimed
<b>TOTAL</b>		

**Please enclose**

- Certificate from airline confirming the period of delay of flight.
- Original bills and receipts for items claimed.

**5. DETAILS OF OTHER INSURANCE COVERING THIS LOSS.**

Company Name & Address	Policy Number	Sum Insured	Period of Insurance

Has a claim been reported to any other Insurer in respect of this incident ?      Yes       No

If 'Yes' please provide full details

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**6. DECLARATION**

I hereby declare that the foregoing statements made by myself are true in all respect. I have not attempted to conceal from the Company anything with which it ought to be made acquainted. I agree that if I have made, or will make any false or fraudulent statement whatsoever, the Policy shall be void and my right to compensation forfeited.

Place :

Date :

(DD/MM/YY)

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Signature or thumb Impression of the Insured

**Please check that all questions have been completed in full and the form signed, dated and the required documents / bills attached.**