

**ACCIDENT AND SICKNESS CLAIM FORM FOR TRAVEL COMPANION**

**INSTRUCTIONS**

1. This form is to be used when filling a claim for reimbursement of Medical Expenses
2. Section A must be completed by the insured in full
3. Following to be provided
  - a. Section B to be completed by the attending physician
  - b. Itemized bills with : claimant’s name, nature of illness / injury, summary of treatment and charge for each service
4. This form must be signed and dated in all applicable sections
5. This form and all attached bills must be submitted to the Policy issuance office

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the company, nor a waiver of any of the conditions of the insurance contract.

POLICY NO.  PLAN \_\_\_\_\_

Is International SOS Authorization obtained ?  Yes  No      If yes, ISOS Case No.

**SECTION A**

Coverage Effective Date  Coverage end Date

Certificate No. (If applicable)

1. Name of Insured

Date of Birth  Gender :  Male  Female

2. Name of Claimant

Claimant’s Date of Birth  Gender :  Male  Female

3. Current Residence Address

Date of Arrival in Country  Daytime phone no.

4. Permanent Address (in India)

Date schedule to return to India

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