



CLAIM FORM
Plus+ - Extended Personal Protection Policy

The issue of this form does not constitute admission of liability.

Please keep in mind:

- i] Inform Company of the loss without any delay, keeping in mind the timelines specified in the Policy.
- ii] Please do not delay dispatch of this form for unavailable information, which can be sent later.
- iii] If space is not sufficient in any of the column, please attach separate sheet (s).

Claim Number: Date:	Policy Number: Inception Date:	Card Number: Issuer: Validity period: From: To:
--	---	---

Details of Insured:	Details of Claimant:
1. Name: _____ 2. Address: _____ _____ City: _____, State: _____ PIN: _____ 3. Contact Information: Phone: Mobile _____ STD Code: _____, Number: _____ Email address: _____	1. Name: _____ 2. Address: _____ _____ City: _____, State: _____ PIN: _____ 3. Contact Information: Phone: Mobile _____ STD Code: _____, Number: _____ Email address: _____

4. Coverage under which loss is claimed:

A. Personal Identity Protection	B. Personal Traveling Protection	C. Personal Credit Card Protection
<input type="checkbox"/> 1. Identity theft <input type="checkbox"/> 2. Fraudulent charges <input type="checkbox"/> 3. ATM assault and robbery <input type="checkbox"/> 4. Lost wallet coverage	<input type="checkbox"/> 1. Personal trip liability coverage <input type="checkbox"/> 2. Personal trip effects coverage <input type="checkbox"/> 3. Home protection while you are away	<input type="checkbox"/> 1. Price protection <input type="checkbox"/> 2. Purchase protection <input type="checkbox"/> 3. Key replacement coverage

5. Loss details:

Basic Facts about the loss (for all coverages except C 1):

Date of loss: ____ / ____ / _____ Time of loss: _____ AM/PM
 Place of loss: _____
 (Location) (Area/ Locality) (City) (State) (Country)

Intimation to police: Date: _____ Time: ____AM/ PM	Intimation to card issuer: Date: _____ Time: ____AM/ PM	Intimation to company: Date: _____ Time: ____AM/ PM
---	--	--

Police Report details:

Police Station: _____ City: _____ FIR/ GD No. & Date: _____

6. A brief note on how the loss occurred (use additional sheets, if required):

Empty space for providing a brief note on how the loss occurred.

7. How the information of loss (of cards/theft/burglary etc.) was received?

8. Were there any witnesses (if relevant)? Please give their names, addresses & phone numbers.

9. For Coverage Section B – Personal Travelling Protection, fill in the following details:

<i>Round trip</i>	<i>One way trip</i>
Date & Time of leaving home:	Date & Time of leaving home:
Date & Time of arrival at home:	Date & Time of arrival at destination:
Date & Time of booked departure:	Date & Time of booked departure:

10. Details of other policies covering the present loss:

11. Details of previous losses, if any, under the current policy with this company or similar policy under any other company:

Disclaimer:

The Company reserves the right to call for any other additional information as may be deemed necessary to establish the cause, admissibility and extent of loss.

Declaration by insured:

- 1. I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.*
- 2. I/We undertake that if any of the information given here, or in any statements made in future, is found to be false, fraudulent or if there is any misrepresentation or concealment of facts, the policy shall be void and all rights to past and present losses shall be forfeited.*
- 3. I/We authorize the insurance company, or any of its authorized representatives to collect, as are relevant to verify the facts of the loss, information/ documents including but not limited to certified copies of police report, statements of witnesses, medical records, suits filed, bank/ card statement, charge slips, card application form etc. this purpose.*

Date:

Place:

Signature of the Insured

ANNEXURE : INDICATIVE LIST OF DOCUMENTS REQUIRED UNDER DIFFERENT COVERAGES

A. Personal Identity Protection	B. Personal Traveling Protection	C. Personal Credit Card Protection
1. Identity theft – documents in support of:	Documents common to Coverage Section B:	1. Price protection
<ul style="list-style-type: none"> i} Bank a/c opened using your personal information. ii} Transactions made through that a/c iii} Liability created on you iv} Expenses claimed 	<ul style="list-style-type: none"> i} Passenger ticket ii} Statement showing payment of passenger ticket fare 	<ul style="list-style-type: none"> i} Description of Item(s) for which loss claimed ii} Purchase invoice (s) iii} Charge slip (s) iv} Card statement showing expense (s) v} Copy of advertisement showing lower price
2. Fraudulent charges	1. Personal trip liability coverage	2. Purchase protection
<ul style="list-style-type: none"> i} Charge slips ii} Statement from card issuer iii} A/c opening form of the card 	<ul style="list-style-type: none"> i} Liability details (details of damage to persons & property) 	<ul style="list-style-type: none"> i} Description of items lost (Description, Quantity, Value) ii} Purchase Invoice iii} Charge slip (s) iv} Card statement showing expense (s)
3. ATM assault and robbery	2. Personal trip effects coverage	3. Key replacement coverage
<ul style="list-style-type: none"> i} ATM Transaction slip ii} Bank statement showing transaction iii} Vouchers in support of first aid expenses 	<ul style="list-style-type: none"> i} Description of items lost (Description, Quantity, Value) supported by Purchase Invoice 	<ul style="list-style-type: none"> i} Documents showing expense incurred on vehicle key, home key, locks, rental car, as applicable.
4. Lost wallet coverage	3. Home protection while you are away	NOTE:
<ul style="list-style-type: none"> i} Details of cards & personal papers lost (number, validity period, issuer) ii} Application for obtaining new cards/ personal papers & fee paid iii} Copies/ details of new cards/ personal papers issued 	<ul style="list-style-type: none"> Items lost/ damaged/ destroyed (Description, Quantity, Value, Nature of loss) supported by Purchase Invoices 	<p>For itmes lost/ stolen/ damaged/ destroyed, use a separate sheet, in the following format:</p> <p align="center">SN Description Quantity Rate Value</p>