

### Reliance Inland Travel Care Policy Claim Form

Claim No.  
For the office use only

Certificate/ Policy No.	Period From	Period To
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#### Details of Insured (To be filled in BLOCK LETTERS)

Name of the Insured  Mr.  Ms. \_\_\_\_\_

Address for Communication  
Flat Building \_\_\_\_\_  
Road/Street/Sector \_\_\_\_\_  
Area \_\_\_\_\_  
Taluka/Village/District/City \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

Aadhaar (UIDAI) No. \_\_\_\_\_ PAN No. \_\_\_\_\_

Profession/Occupation  Business  Profession  Salary  Agricultural Income  Savings  Others

Mmonthly Income  Upto ₹ 20,000  ₹ 20,001 to ₹ 50,000  ₹ 50,001 to ₹ 1,00,000  ₹ 1,00,000 and above

Relationship of the Patient/Insured Person with the Insured  Self  Spouse  Son  Daughter

#### Details of Patient/Insured Person (To be filled in BLOCK LETTERS)

Name of the Patient/Insured Person  Mr.  Ms. \_\_\_\_\_

Date of Birth         Sex :  M  F

Address for Communication  
Flat Building \_\_\_\_\_  
Road/Street/Sector \_\_\_\_\_  
Area \_\_\_\_\_  
Taluka/Village/District/City \_\_\_\_\_ Pin Code \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

#### Claim Details

Has the Emergency Assistance Service Provider been intimated ?  Yes  No

If yes, please provide the reference number \_\_\_\_\_ Passport No. \_\_\_\_\_

Please indicate whether claim is in respect of

Accidental Death  Hospitalization due to accident / Emergency medical expenses

Loss of total checked in baggage  Trip Cancellation & Interruption

Missed connection  Flight delay

#### Important Guidelines :

- 1 Issuance of the form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
- 2 Please answer all questions completely. In case of insufficient space, please attach an additional sheet.
- 3 Please attach all bills, receipts, credit card slips pertaining to your claim.
- 4 No claim under Accident & Sickness Section will be admitted without Doctor's Report as per format.
- 5 Failure to call our Emergency Assistance Service Provider shall invalidate your claim,

