

Reliance Inland Travel Care Policy Claim Form C

Name of the common carrier _____

Flight No. _____ From: _____ To: _____

Please complete the section relevant to your claim

Loss of Total Checked in Baggage

Date: Time: _____ hrs Location: _____

Number of pieces of baggage checked-in:

Number of pieces of baggage lost:

In case of baggage, please specify the following

Scheduled date of Arrival: Scheduled time of Arrival: _____ : _____ Hrs

Actual date of Arrival: Actual time of Arrival: _____ : _____ Hrs

(Please provide the details of expenses related to the loss of the checked baggage in the table given below)

Trip Delay/Cancellation/Interruption/Missed Connection

Reason for Trip delay/Cancellation/Interruption

- Death or Unforeseen disease/illness/injury
- Termination of Employment
- Inclement Weather Conditions
- Uninhabitable condition of the place of stay abroad due to fire, flood, vandalism, burglary, or natural disaster
- Abduction/Quarantine of the Insured Person
- Felonious Assault on the Insured Person/Family Member/Traveling Companion
- Terrorist Incident in the place of visit
- Delay of Common Carrier*
- Lost or stolen passport, travel documents or money.*

* Not applicable for trip delay

In case of trip delay and missed connection

Scheduled date of Arrival: Scheduled time of Arrival: _____ : _____ Hrs

Actual date of Arrival: Actual time of Arrival: _____ : _____ Hrs

Number of Hours delayed:

In case of missed connection

Date of Departure of Connecting Flight Time: _____

In case of trip cancellation/trip interruption

Date Time: _____ Location _____

Whether accommodation & boarding provided by carrier? Yes No

Detail of Expenses incurred	Date	Place	Cost
Total			
Less Compensation received from airline			
Net Amount			

* In case of Delay, please provide details of purchases made _____

* In case of Loss, please provide details of items lost _____

Alternative Employee or Resumption of Assignment Expenses

Date of loss:

Nature of loss: _____

Cause of loss: _____

a. Traveling expense towards deployed person

b. Return Travel expenditure towards Insured/Insured Person

Proposer's Bank Details

Name of the Bank Account Holder Mr. Mrs. Ms.

Bank Account No.: Account: Saving Current

Name of the Bank

Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I Wish: Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per IRDA, its mandatory that all payments made to the insured only through electronic mode.