



THE NEW INDIA ASSURANCE COMPANY LIMITED
P.O. Box 2907, P.C. 112, Ruwi, Sultanate of Oman

TRAVEL INSURANCE POLICY

CLAIM FORM

PERSONAL DETAILS:

Name of principal insured: _____

Name of Claimant: _____

Relationship of the claimant to principal insured: _____

Nationality: _____ Passport No. _____

Date of Birth (DD MM YYYY) _____

POLICY DETAILS:

Medex policy No.: _____

Date of Issue (DD MM YYYY) _____

Period of coverage: 2 Week 1 Week 2 Months 1 Year

TRIP DETAILS:

Date of last departure from :

DD MM YYYY

Place visited in the currency trip, to date : _____

Scheduled date of return to:

DD MM YYYY

DETAILS OF INCIDENT WHICH COULD RESULT IN A CLAIM

1) Section of the policy under which you wish to register a claim
(Please tick the relevant one)

_____ Section 1: Personal Accident

_____ Section 2: Emergency Medical & other Expenses

_____ Section 3: Repatriation/ Medical Evacuation

_____ Section 4: Baggage delay (checked-in luggage)

_____ Section 5: Baggage loss (checked-in luggage)

_____ Section 6: Trip Delay

_____ Section 7: Trip Cancellation

_____ Section 8: Trip Interruption

2) Please describe the incident briefly:

Date of Incident

DD MM YYYY

Place:

Time:

3) If the claim pertains to In-patient treatment under Section 1 of the policy, please answer the following.

A. Have you advise "MEDEX ASSISTANCE CORPORATION? _____

B. If so, date and time of such advice:

DD MM YYYY Time:

C. Name& complete address of the Hospital: _____

D. Brief description of the injury or illness which warrants urgent in-patient care:

4) If the claim pertains to Out-patient medical treatment under section of policy answer the following:

A Name of Patient _____

B Brief description of illness: _____

C Clinic/Doctor consulted:

D Amount Claimed:

5) The list of enclosures in support of the claim:

A. _____

B. _____

C. _____

Declaration

I hereby declare that the details provided by me in this claim form are true to the best of my knowledge and belief.

I under that the liability of The New India Assurance Company Limited shall be strictly as per the provisions of the Insurance Policy purchased by me and that any act or acts by the Insurance Company and/or Assistance Company will not any time be construed to be admission of liability.

I understand that willful concealment or misrepresentation of facts by myself or by other on my behalf could prejudice by rights under the subject insurance.

Signature: _____ Name of City: _____

Date: _____ Name of Country: _____

Separate Claim form is required in respect of each insured person.