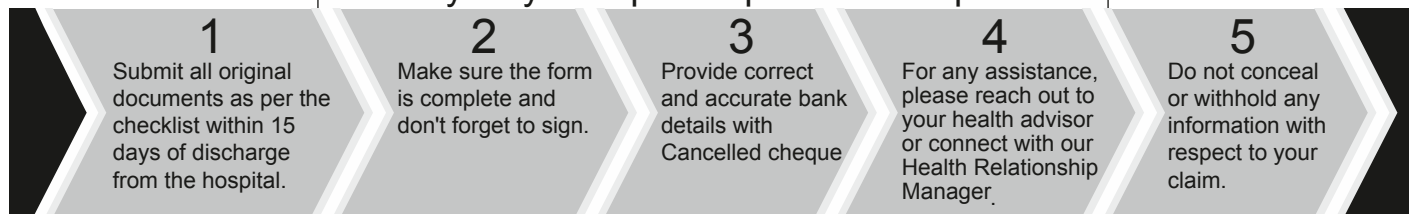


The issue of this Form is not to be taken as an admission of liability
 (To be filled in Block Letters) - PART A - To be filled by Insured

5 easy ways to speed up the claims process



MANIPALCIGNA GROUP OVERSEAS TRAVEL INSURANCE POLICY CLAIM FORM A

SECTION A: DETAILS OF PRIMARY INSURED:

a. Policy Number:

b. Sl. No/Certificate No: c. Company/ TPA ID No:

d. Name:

e. Address:

City: State:

Pin Code: Phone No:

Email ID:

SECTION B: DETAILS OF INSURANCE HISTORY:

a. Currently covered by any Mediciam/ Health Insurance: Yes No

b. Date of commencement of first Insurance without break:

c. If Yes, Company Name:

Policy No:

Sum Insured Currency: Amount:

d. Have you been hospitalized in the last four years since inception of the contract? Yes No

Diagnosis:

e. Previously covered by any other Mediciam/ Health Insurance Yes No

f. If Yes, Company Name:

SECTION C: DETAILS OF INSURED PERSON IN RESPECT OF WHOM CLAIM IS MADE:

Name:

Gender: Male Female Age Years Months

Date of Birth:

Relationship to Primary Insured: Self Spouse Child Father Mother Other (Please specify)

Occupation: Service Self Employed Homemaker Student Retired Other (Please specify)

Address (If different from above):

City: State: Pin code:

Phone No.

Email ID:

SECTION D: DETAILS OF CLAIMED EVENTS:

- Medical Expenses
- Life Threatening Pre-Existing Condition Cover
- Emergency Medical Evacuation
- Repatriation of Mortal Remains
- Accidental Death
- Permanent Total Disablement
- Permanent Partial Disablement
- Accidental Death – Common Carrier
- Permanent Total Disablement – Common Carrier
- Permanent Partial Disablement – Common Carrier
- Daily Allowance in case of Hospitalisation
- Compassionate Visit
- Pre-Existing Condition Cover for Emergency Care
- University Excess Medical Cover
- Home to Home Cover
- Adventure Sports
- STD Cover
- Mental Disorder Cover
- Substance and Alcohol Abuse
- Pregnancy Cover
- Study Interruption
- Sponsor Protection
- Alternate Employee/ Substitute Employee Expenses
- Travel Loan Secure
- Return of Minor children
- Emergency Accomodation (Corporate)
- Any Hospitalisation/ Emergency Care

a. Name of the Hospital where admitted/ availed emergency care

b. Room Category occupied: Day care Single occupancy Twin sharing 3 or more beds per room occupied

c. Emergency Care / Hospitalisation due to Injury Illness Pre-Existing disease Other: _____

d. Date of Injury / Date of Disease / Medical Condition first detected/ Date of death:

e. Date of Admission

f. Time : Hrs

g. Date of Discharge

h. Time : Hrs

i. System of Medicine _____

j. Place of Accident / Injury / Death: _____

If Accident,

a. Details of Accident and Nature of Accident: _____

b. Did the Accident happen when you were working: Yes No

c. Whether reported to Police: Yes No

If Yes, Name and Address of Police Station: _____

If No, Give reasons: _____

d. First Information Report (FIR) / Medico Legal Certificate (MLC) / Missing complaint Number and Date: _____

e. Contact Details of Police Station: _____

If Injury,

a. Give cause: Self Inflicted Road Traffic Accident Substance Abuse/ Alcohol Consumption

b. If Medico legal: Yes No

c. Reported to Police: Yes No

d. MLC Report & Police FIR Attached: Yes No

If Death/ Disability,

a. Cause / Circumstances of death/ disability: _____

b. Details of Common Carrier: _____

k. Details of Sponsor (For Sponsor Protection cover) _____

l. Fees structure: (For Sponsor Protection / Study Interruption Cover) _____

m. Details of Minor Children & Accompanying Adult: (Return of Minor Children Cover) _____

OPD Expenses

Dental Treatment Expenses

- a. Nature of Ailment: _____
- b. State Diagnosis and nature of treatment taken: _____
- c. Treatment taken: From To:
- d. Attending Medical Practitioner's Name & address: _____

- e. Have you ever been treated for this illness before? Yes No
If Yes, Please provide your physician's name and address: _____

Loss of Passport

Financial Emergency Assistance

Loss of Laptop

Home Burglary Insurance (Content)

Loss of Personal Effects

Loss of International Driving License

Loss of Mobile

Golf Equipment Cover

Debit/ Credit/Forex Card Fraud

- a. Description of event: _____
- b. Extent of loss (attach item list with amount): _____
- c. Details of Police Report: _____
- d. Cost incurred in obtaining new passport / IDL (as applicable): _____
- e. Date of Purchase of Mobile / Laptop (as applicable):
- f. Details of card: _____

Total Loss of Checked-in Baggage

Delay of Checked-in Baggage

Trip delay

Flight Delay

Missed Connection

Hijack Distress Allowance

Overbooked Flight

Cruise Cover

- a. In case of loss, extent of loss: _____
In case of delay, extent of delay: _____
- b. Actual Scheduled time: _____ : _____ Hrs
- c. Delayed time: _____ : _____ Hrs
- d. Reason for denied boarding (if applicable): _____
- e. Name of the common carrier: _____
- f. Flight and journey details: _____
- g. In case of Hijack,
Port of Hijack: _____ Port of release: _____
Date and time of Hijack: _____ : _____ Hrs
- h. Date and Time of release _____ : _____ Hrs

Travel inconvenience cover due to Trip Cancellation and Interruption

Trip Curtailment

Bounced Hotel Booking

Emergency Accommodation

Cruise Cover

- a. Flight / Common Carrier Details: _____
- b. Scheduled Time: _____ : _____ Hrs
- c. Actual Time: _____ : _____ Hrs
- d. Reason for delay / cancellation / curtailment / interruption: _____
- e. Any other detail: _____
- f. Whether accommodation / boarding provided by common carrier? Yes No

g. Details of expenses:

Details of expense incurred	Date	Place	Amount
Amount refunded by Common Carrier			
		TOTAL	

Personal Liability

Bail Bond

Legal Expenses

a. Date of incident:

b. Place of incident: _____

c. Details of incident: _____

d. Name of the Third Party: _____

e. Have you received or issued a legal notice? Yes No

f. Amount of Liability / Legal expenses / Bail amount (as applicable): _____

Details of expense incurred	Date	Place	Amount
		TOTAL	

Visa Refusal

a. Date of visa application: _____

b. Details of application: _____

c. Date of Visa refusal:

d. Reason for Visa refusal: _____

e. Expenses Incurred in Visa application: _____

Details of expense incurred	Date	Place	Amount
		TOTAL	

Golf Hole in One

a. Date of game:

b. Details of game: _____

c. Have you been declared winner for a "hole-in-one" at any internationally recognized 18-hole golf course? Yes No

d. Expenses Incurred in celebration: _____

Details of expense incurred	Date	Place	Amount
		TOTAL	

SECTION G: DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

a) PAN:

b) Account Number:

c) Bank Name:

d) Branch Name:

e) IFSC Code: f) MICR Code:

g) Cheque / DD Payable Details:

Please attach copy of a cancelled blank cheque of your bank for ensuring accuracy of name of the Bank, Branch name, Account number and IFSC code. If name of the policyholder is not printed on the cheque leaf please attach copy of the first page of the bank passbook also.

SECTION H: DECLARATION BY INSURED

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim.

Date: Place: Signature of the Insured:

SECTION I: TO BE FILLED BY NOMINEE / LEGAL HEIR (IN THE EVENT OF INSURED PERSON'S DEATH)

Name of Nominee:

Address:

City: State: Pin Code:

Date of Birth:

Relationship with the Deceased:

Telephone Number: Mobile Number:

Email ID:

DECLARATION BY NOMINEE (IN THE EVENT OF INSURED PERSON'S DEATH):

I/We hereby declare that the foregoing particulars are true & correct to the best of my knowledge and belief. I also authorize Insurance Company to make payment of the claim admissible as per terms, conditions and limitations to the Insured person or his legal heir as full and final settlement. I/We will keep indemnified and hold ManipalCigna Health Insurance Co. harmless from any claim under this policy by any third party.

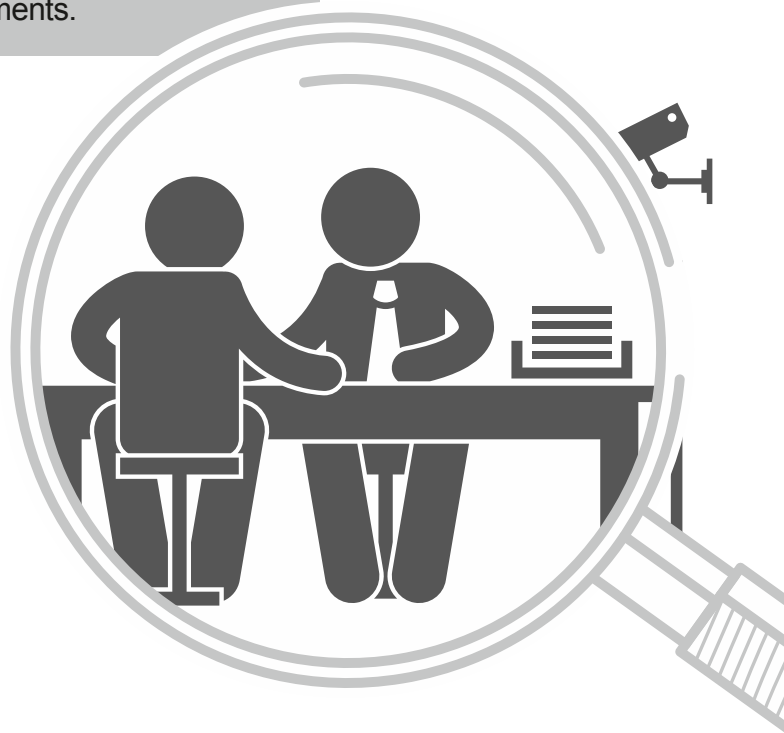
Date: Place: Signature:

Know Your Customer

Processing your claim smoothly and quickly is of importance to you as well as us. Help us remain as your trusted service partner by ensuring we have a copy of all your documents.

ID proof (Any one of below mentioned documents required)

- Passport*
- PAN Card
- Voter's Identity card
- Driving license
- Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number
- Job card issued by NREGA duly signed by an officer of the State Government
- Color passport size photograph not older than 6 months



Proof of Residence (Any one of below mentioned documents required)

- Electricity bill / Ration card*
- Letter from any recognized public authority
- Current statement of bank account with details of permanent/ present residence address as stamped by bank*
- Current passbook with details of permanent/ present residence address (updated up to the previous month)*
- Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof
- Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
- Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

*Acceptable as Address proof and Identity proof if photograph of applicant is affixed

Request you to provide declaration for crediting claim amount in your (proposer) account provided during policy issuance. YES NO

We shall use below mentioned information from the policy for payment of your claim:

- Account Number
- Bank Name
- Payee Name
- IFSC code
- Branch Name