

BAGGAGE GROUP INSURANCE POLICY

(The issue of this form is not to be taken as an Admission of Liability)

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given; they may be forwarded to the Company afterwards as soon as possible.

DETAILS OF INSURED

Name

Policy No.

Address

City/Town State Pin Code

Contact No. Fax No.

DETAILS OF CLAIM

Name of the Claimant

Address

City/Town State Pin Code

Contact No. Fax No.

Passport number Date of claim

Amount of claim Nature of Claim (✓)

Loss of Baggage Delay in Baggage

Period during which the incident leading to claim occurred

Country in which the incident occurred

In case of loss/ delay of baggage please give following details

a. Kind of loss ☐ Theft ☐ Fire ☐ Accident ☐ Any other

b.

Description of baggage*	Date/year of purchase	Value of contents

*Please list all items lost or damaged, with their date of purchase and estimated value at the time of the loss. Include brand and model numbers as appropriate. Attach receipts for items lost.

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/Close relatives/Associates of PEP*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP):

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations and important political party officials;".

*Please list all items lost or damaged, with their date of purchase and estimated value at the time of the loss. Include brand and model numbers as appropriate. Attach receipts for items lost.

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this incident reporting form are true, correct and complete.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- The receipt of this incident reporting form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require Further / additional information in respect of the claim.
- I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date

Signature of Insured

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 12,
New Link Road, Malad (West),
Mumbai - 400 064.

UIN: IRDAN115RP0011V01200203 (Retail)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

BAGGAGE GROUP INSURANCE POLICY
Alternate no : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

BAGGAGE GROUP INSURANCE POLICY

This will be in continuation of the Incident Reporting Form dated.

This form is only for the purpose of intimating the Company about the claims made. Insured shall not enter into compromise/settlement without the written permission of the Company. The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given. They may be forwarded to the Company after words as soon as possible.

DETAILS OF INSURED

Address

Name

Policy No.

City/Town State Pin Code

Contact No. Fax No.

Email ID

DETAILS OF THE ALLEGED CLAIM

Name of the Claimant

Passport number of the Claimant

Date, amount, place and nature of claim

Evidence in support of claim (Please refer to the section on claim documentation below)

Give particulars of any other insurance, in respect of the same risk.

BASIS OF ASSESSMENT OF CLAIMS

a) Loss of Baggage

The Company will reimburse the Insured Person(s) for the market value of Baggage in the event of total and complete loss of such Baggage caused by an insured event occurring.

'Market value' is the sum required to purchase new items of the same kind and quality less an amount representing wear and tear, usage, etc. at the time of loss.

b) Delay of Baggage

The Company will pay for costs of necessary emergency purchases of essential. items in the event of the Insured Person suffering a delay in his/ her Baggage while being transported during the Trip provided that i) the delay of Baggage is more than 12 hours from the scheduled arrival time at the destination and relates to delivery of Baggage that has been checked in by the carrier, ii) Insured Person gives the Company written proof of delay from the carrier and iii) the Insured Person gives Company the receipts of essential personal items the Insured Person Needs to purchase.

Special Conditions:

1. In the event that claim(s) are submitted for total loss of Baggage as well as temporary loss/delay of Baggage, the higher of the claim(s) shall be payable by the Company in respect of the same item(s) of Baggage during any one period of insurance.
2. The claims reimbursed to the Insured Person(s) will be adjusted for any compensation the latter may have received from any carrier in connection with the loss or damage Insured against.

Claim Procedure

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:

- (a) The Insured Person(s) shall give immediate notice thereof in writing to Company as well as lodge a complaint with the police authorities. The Insured Person(s) must also notify the Railways, Steamship Company, Airline, Hotel Proprietors or the Authority in whose care the Baggage was at the time of the happening of any loss or damage.
- (b) The Insured Person(s) shall deliver to the Company, within 14 days of the date on which the event shall have come to his/ her knowledge, a detailed statement in writing, of the loss Or damage with an estimate of the intrinsic value of the property lost and the amount of damage sustained.

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CIN: L67200MH2000PLC129408
Registered Office Address:
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BASIS OF ASSESSMENT OF CLAIMS

Claim Documentation

1. In case of loss of of Baggage, a copy of the report made to the police authorities within 24 hours of the Insured Person becoming aware of the loss.
2. In case of loss of Baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of baggage.
3. Adequate proof of ownership of Baggage valued In excess of the Indian Rupee equivalent of \$ 100 for loss / delay of Baggage.
4. In case of delay in Baggage of more than 12 hours, written proof of delay from the Carrier and receipts of the essential personal items the insured Person(s) needs to purchase.
5. Any other document(s) that the Company requires from the Insured Person(s) to process the claim.

I/We hereby agree, affirm and declare that:

- a) The statements/information given/stated by me/us in this incident reporting form are true, correct and complete.
- b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- c) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- d) The receipt of this form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place: _____

Date

Signature of Insured

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
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