

CLAIMS PROCEDURE

CLAIMS PROCEDURE FOR OVERSEAS TRAVEL

Dear Customer,

Welcome to the Tata-AIG family! We thank you for choosing us for your Travel Insurance Policy and we wish you a safe and pleasant trip! We invite your attention to the following table, which will help you in the event of any loss, accident or sickness.

**24 hour Assistance Contact:**

**1. For the Americas Policies: 1-866-866-2619 (Toll Free within US and Canada)**

**e-mail:** [tata.aig@aig.com](mailto:tata.aig@aig.com)

**2. For rest of the world policies excluding the Americas:**

**+603-2118-0782 OR +603-2118-0784 ( Toll worldwide), e-mail:** [**TGAP.TATAmedical@travelguard.com**](mailto:TGAP.TATAmedical@travelguard.com)

Our Service Center is equipped to provide you with the necessary guidance in your situation, and will direct you on claims procedure.

# This is a General Check-list of documents, please check for availability of coverage under the policy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of claim** | **Documents required \*** | | **Procedure** | |
| Medical Accident & Sickness Expenses\*\* (Outside India) | 1. Claim form (Overseas Travel claim form, as attached) 2. Treating Doctor’s report 3. Original Admission/discharge card, if applicable 4. Original Bills/Receipts/Prescription 5. Original X-ray reports/Pathological/Investigative reports, if any 6. Copy of passport/Visa with Entry & exit stamp | | 1. Please contact our Service Center at the number given above and obtain a Claim Form from them and fill in. **It is necessary to obtain the attending physician’s signature on the Form.** 2. Please collect all bills/receipts/invoices 3. Send all documents to our Claims Office at the address given below | |
| Medical Sickness Dental Relief \*\* | DOCUMENTS REQUIRED ARE AS IN MEDICAL ACCIDENT & SICKNESS EXPENSES | | 1. Please contact our Service Center at the number given above and obtain a Claim Form from them and fill in. **It is necessary to obtain the attending physician’s signature on the Form.** 2. Please collect all bills/receipts/invoices 3. Send all documents to our Claims Office at the address given below | |
| Emergency Medical Evacuation | DOCUMENTS REQUIRED ARE AS IN MEDICAL ACCIDENT & SICKNESS EXPENSES | | 1. For any assistance/Guidance, immediate contact with the Assistance Company at the number given above should be done as soon as possible. Assistance company will provide all guidance/advise | |
| Repatriation of remains | 1. Claim form (Overseas Travel claim form, as attached) 2. Hospital admission/discharge card, if hospitalized 3. Medical Reports/Investigative (coroners / Post mortem) Reports 4. Death Certificate 5. Funeral Certificate along with original bills/receipt towards funeral expenses. 6. Copy of passport/Visa | | 1. For any assistance/Guidance, immediate contact with the Assistance Company at the number given above should be done as soon as possible. Assistance company will provide all guidance/advise | |
| Overseas in-hospital Indemnity Accident Benefit | 1. Duly Completed Overseas Travel Claim form and documents as mentioned in Medical Accident & Sickness Expenses, along with admission discharge card indicating the number of days Hospitalized. 2. Copy of passport with entry/ exit | | 1. Claim Form can be obtained from our Assistance Company 2. Fill in the Claim Form and send all documents to our Claims Office at the address given above. | |
| Loss of  Baggage | 1. Claim form (Overseas Travel claim form, as attached) 2. Property Irregularity Report (obtained from Airline) 3. Copies of Correspondence with the Airline authorities/Others confirming the loss and details of compensation. 4. Individual list of items in each baggage with approximate cost of each item. 5. Copy of the passport/Visa with Entry & exit stamp | | 1. Intimate the airline about your loss and lodge complaint; obtain the PIR Property Irregularity report. 2. Claim Form can be obtained from our Service Center. 3. Fill in the Claim Form and send all documents to our Corporate Office at the address given above. 4. **NOTE**: Damage to the luggage or partial loss of its contents are not covered under the policy | |
| Trip Cancellation | 1. Claim Form 2. Medical reports / Death certificate of insured, companion or immediate family member. 3. Details / supporting documents of amount refunded by common carrier and Hotel. 4. Copy of Ticket and copies of Correspondence with the Airline related to trip cancellation. 5. Copy of passport with entry/ exit | | 1. Claim Form can be obtained from our Call center / Assistance service Center. 2. Fill in the Claim Form and send all documents to our Claims Office at the address given below. | |
| Trip Curtailment | 1. Claim Form 2. Details of Circumstances leading to trip curtailment along with supporting documents. 3. Details / supporting documents of amount refunded by common carrier and Hotel. 4. Common Carrier Ticket Cancellation Charges 5. Invoices / Bills of Additional travel expenses, if any 6. Copy of Ticket & Boarding Pass 7. Copy of passport with entry/ exit | | 1. Claim Form can be obtained from our Call center / Assistance service Center. 2. Fill in the Claim Form and send all documents to our Claims Office at the address given below. | |
| Loss of  Passport | 1. Claim form 2. Copy of new passport 3. Copy of previous passport (if available) 4. Original bills/invoices of expenses incurred for obtaining a new passport 5. Copy of FIR/ Police Report | | 1. File a complaint with the local police 2. Contact with the Indian Embassy, where ever necessary 3. Submit all documents to our Claims office at the address given below, along with a detailed statement. | |
| Loss of Travel Documents | 1. Claim form 2. Copy of duplicate / new travel ticket 3. Original bills/invoices of expenses incurred for obtaining a duplicate / new travel document. 4. Copy of passport with entry/ exit | | 1. Submit all documents to our Claims office at the address given below, along with a detailed statement. | |
| Loss of  International License | 1. Claim form 2. Copy of duplicate/new international driving License 3. Copy of previous License (if available) 4. Original bills/invoices of expenses incurred for obtaining a new License 5. Copy of FIR/ Police Report 6. Copy of passport with entry/ exit | | 1. File a complaint with the local police 2. Submit all documents to our Claims office at the address given below, along with a detailed statement. | |
| Personal Liability | 1. Full statement of the facts in writing along with Witness statements 2. Any other documents relevant to the incident, including Summons, Legal Notice etc. 3. Any other information you would like to share with us. 4. Copy of passport with entry/ exit | | 1. Inform our Claims Dept. immediately (at the address given below) giving full details of the incident. 2. Do not commit any benefit/compensation or enter into any agreement. | |
| Accidental Death &Dismemberment | ACCIDENTAL DEATH  1. Claim form (Personal Accident claim form as attached) 2. Original Death Certificate 3. Original/ Attested Post Mortem/ Coroner’s report 4. Attested copy of FIR/ Police Inquest report, where applicable 5. Copy of Passport/visa   For Dismemberment   1. Claim form (Personal Accident claim form as attached) 2. Medical/ Investigation/ Lab reports (x-ray etc.) 3. Admission/ discharge card, if hospitalized 4. Attested copy of FIR/ Police Inquest report, where applicable 5. Copy of Passport/visa | | 1. Collect all documents pertaining to the loss including correspondence with Carrier and send to our Claims Office at the address given below. 2. Claim Form can be obtained from our Service Center. | |
| Baggage / Personal Effects | | 1. Claim Form (find attached)  2. Copy of FIR/Police Report (Stating the loss of items),  3. Proof of loss in writing from common carrier or hotel authorities  4. Incident details,  5. Invoices or bills of items lost,  6. Itemized list of lost items,  7. Copy of the Passport/Visa with Entry & exit stamp | | 1. File a complaint with the local police  2. Submit all documents to our Claims office at the address given below, along with a detailed statement. |

\* Note: We may call for additional documents/ information as relevant.

\*\* If any hospital does not submit a bill to you for the treatment/service rendered, please intimate our Service Center before you leave the hospital.

**Kindly submit all the requested documents at the address mentioned below:**

**Claims Department**

Tata AIG General Insurance Co. Ltd.,

A-501, 5th Floor, Building No.4,

Infinity Park, Gen. A.K. Vaidya Marg,

Dindoshi, Malad (East)

Mumbai 400 097