

Claims – Supporting Documents

<p>MEDICAL COVER (In-patient care for Illness and Injury with Day Care Treatment And In-patient care for Injury with Day Care treatment)</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Original pathological or diagnostic reports, admission and discharge summary, day care summary, ROMIF, attending physician statement, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. • Original bills and receipts for: <ol style="list-style-type: none"> 1. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered. 2. Fees paid to the Medical Practitioner and for special nursing charges. 3. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. • Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
<p>MEDICAL EVACUATION</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation; • Documentary proof for all expenses incurred towards the Medical Evacuation. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
<p>REPATRIATION OF MORTAL REMAINS</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death; • Copy of the post-mortem report/certificate (wherever applicable); • Documentary proof for expenses incurred towards disposal of the mortal remains; • In case of transportation of the body of the deceased to the Country of Residence/City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

	<ul style="list-style-type: none"> • Copy of Embalming certificate • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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DENTAL EXPENSES	<p>Required Document</p> <ul style="list-style-type: none"> • Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital, discharge summary, day care summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital; • Original Bills and receipts for: • Fees paid to the Medical Practitioner and special nursing charges; • Charges incurred towards any and all test and / or examinations rendered in connection with the treatment; • Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person; • Any other information or documentation related to the treatment taken. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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DAILY ALLOWANCE	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of pathological and diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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OUT-PATIENT COVER	<p>Required Document</p> <ul style="list-style-type: none"> • Original pathological and diagnostic reports, consultation detail, case papers and prescriptions issued by the treating Medical Practitioner or Hospital. • Original bills and receipts for: • Charges paid towards medical services rendered. • Fees paid to the Medical Practitioner and for special nursing charges.
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	<ul style="list-style-type: none"> Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. Charges incurred towards medicines or drugs purchased from a registered pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person. Duly completed and signed Claim form, in original Copy of first and last page of passport copy with entry/exit stamp Any other document as required Assistance Service Provider Copy of e-ticket / boarding pass. NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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RETURN OF MINOR CHILD	<p>Required Document</p> <ul style="list-style-type: none"> A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. Original ticket used for the return travel of the children to the Country of Residence/City of Residence. Copy of passport of the children with entry and exit stamp. Duly completed and signed Claim form, in original Copy of first and last page of passport copy with entry/exit stamp Any other document as required Assistance Service Provider Copy of e-ticket / boarding pass. NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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COMPASSIONATE VISIT - TRAVEL	<p>Required Document</p> <ul style="list-style-type: none"> A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of Hospitalization. The certificate shall also specify the minimum period of Hospitalization. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. Original ticket with invoice used for the travel by the Immediate Family Member Copy of passport of Immediate Family Member with entry and exit stamp. Duly completed and signed Claim form, in original Copy of first and last page of passport copy with entry/exit stamp Any other document as required Assistance Service Provider Copy of e-ticket / boarding pass. NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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COMPASSIONATE VISIT - EMERGENCY HOTEL ACCOMMODATION / EXTENSION	<p>Required Document</p>
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	<ul style="list-style-type: none"> • A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. • Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. • Original bill and receipt or letter obtained from the hotel and/or guest house and/or any other paid residential accommodation (available on payment of fees) indicating the amount paid for the accommodation. • Payment receipt of extension of hotel booking with the documentation. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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PET COVER	<p>Required Document</p> <ul style="list-style-type: none"> • Medical Record Prescription from the Veterinary Doctor • Invoices (itemized) and Money receipts in original for the amount claimed • A confirmation letter from the person, who was taking care of your pet during your trip abroad • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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REPLACEMENT OF STAFF	<p>Required Document</p> <ul style="list-style-type: none"> • A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. • Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. • Original ticket used for the travel by the staff member. • Copy of passport of the staff member with entry and exit stamp • Certificate by You along with the copies of the contracts supporting the immediate need for replacement of the Insured Person. • Letter from human resources department of the organisation confirming the replacement details • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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MATERNITY CASH BENEFIT	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of original consultation detail and case papers issued by the treating Medical Practitioner or Hospital. • Copy of original bills and discharge summary. • Certificate/letter of delivery of the child. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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CHILD CARE (ACCOMMODATION)	<p>Required Document</p> <ul style="list-style-type: none"> • A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. • Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. • Additional expenses for the accommodation of the parent in Hospital • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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HEALTH CHECKUP	<p>Required Document</p> <ul style="list-style-type: none"> • Payment receipt of Health Check-up of the Insured Person. • Imaging reports / lab reports • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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CUSTODIAL CARE	<p>Required Document</p> <ul style="list-style-type: none"> • A certificate from the Medical Practitioner recommending that services of a non-medical individual be provided to the Insured Person at his home.
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	<ul style="list-style-type: none"> • Discharge summary from the Hospital furnishing details including the date of admission and date of discharge. • The non-medical individual bill and payment receipt as may be applicable. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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PERSONAL ACCIDENT COVER AND / OR PERSONAL ACCIDENT – COMMON CARRIER	<p>Required Document</p> <ul style="list-style-type: none"> • Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided. • Death certificate (if applicable). • Post-mortem report/certificate (wherever applicable). • Police report (wherever applicable). • Medical Practitioner's certificate stating the reasons for and the extent of the Injury. • Copy of discharge summary (if available). • Treating Medical Practitioner's certificate describing the disablement. • Disability certificate from a civil surgeon. • Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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Trip Delay / Common Carrier Delay	<p>Required Document</p> <ul style="list-style-type: none"> • Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay. • Bills for the expenses like food, accommodation etc. incurred by the Insured person • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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FLIGHT DELAY (INDEMNITY)	<p>Required Document</p> <ul style="list-style-type: none"> • All original bills and receipts for additional reasonable and necessary transportation expenses • Copies of reimbursement statements issued by an airline carrier, airport
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	<p>facility, car rental agency, travel agent or other similar establishment or any other insurance Company providing reimbursement to you for the loss</p> <ul style="list-style-type: none"> • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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TRIP CANCELLATION/TRIP CURTAILMENT / TRIP INTERRUPTION	<p>Required Document</p> <ul style="list-style-type: none"> • Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation; • Ticket / boarding pass issued by the Common Carrier indicating the cost of ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier. • Boarding pass in original for return journey from the place of cancellation to the Country of Residence/City of Residence which indicates the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the journey. • A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey; • Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his/her Immediate Family Member; • Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating the cancellation charges retained; • Boarding pass in original for return journey from the place of cancellation to the Country of Residence/City of Residence of the Insured Person together with the receipts for the refunds obtained towards the unfulfilled portion of the journey. • Death certificate (if applicable). • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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CHANGE FEE COVER	<p>Required Document</p> <ul style="list-style-type: none"> • Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable) Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable) Termination letter from the Company if trip is cancelled due to employments.(if applicable) Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable) • Reason for refusal or delay of Visa from the concerned authority • Newspaper cutting/Media report - Depending upon the peculiarity of the case • Police report (wherever applicable) • Tickets originally booked and rescheduled
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	<ul style="list-style-type: none"> • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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TRIP CANCELLATION DUE TO DOMESTIC DISTURBANCES AND INCONVENIENCE	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of complete schedule itinerary for all the sectors • FIR/Copy of police report mentioning the reason of loss of passport, wallet and cards as applicable • Property Irregularity Report issued by the Common Carrier. • Original Certificate from airline authorities stating that baggage has been lost along with compensation details • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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COMMON CARRIER CANCELLATION	<p>Required Document</p> <ul style="list-style-type: none"> • Written proof from the Common Carrier of the cancellation of the journey • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
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MISSED CONNECTION	<p>Required Document</p> <ul style="list-style-type: none"> • Confirmation from the Common Carrier of the delay as to the expected time of arrival and the actual time of arrival at Place of Destination; • Copy of unused ticket for the missed flight; • Certificate from the Common Carrier of the missed flight that the fare for the part of the journey covered by the missed flight is forfeited in full or in part together with the amount of forfeiture; • Original used ticket obtained afresh towards the alternative flight for the part of the journey covered by the missed flight indicating the amount paid as fare. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass.
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	<ul style="list-style-type: none"> NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
MISSSED CARRIER	<p>Required Document</p> <ul style="list-style-type: none"> Confirmation of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin; Copy of unused ticket for the missed Common Carrier; Certificate from the missed Common Carrier that the fare for the part of the journey covered by the missed Common Carrier (airline) is non-refundable or is forfeited (in full or in part) together with the amount of forfeiture; Original used ticket obtained afresh towards the alternative Common Carrier for the part of the journey covered by the missed Common Carrier indicating the amount paid as fare, and in which such Insured Person has travelled. Duly completed and signed Claim form, in original Copy of first and last page of passport copy with entry/exit stamp Any other document as required Assistance Service Provider Copy of e-ticket / boarding pass. NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
MISSSED CARRIER	<p>Required Document</p> <ul style="list-style-type: none"> Confirmation of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin; Copy of unused ticket for the missed Common Carrier; Certificate from the missed Common Carrier that the fare for the part of the journey covered by the missed Common Carrier (airline) is non-refundable or is forfeited (in full or in part) together with the amount of forfeiture; Original used ticket obtained afresh towards the alternative Common Carrier for the part of the journey covered by the missed Common Carrier indicating the amount paid as fare, and in which such Insured Person has travelled. Duly completed and signed Claim form, in original Copy of first and last page of passport copy with entry/exit stamp Any other document as required Assistance Service Provider Copy of e-ticket / boarding pass. NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement.</p>
FLIGHT DIVERSION & CANCELLATION	<p>Required Document</p> <ul style="list-style-type: none"> Confirmation from the airlines mentioning the scheduled arrival time and the actual arrival time along with detailing the circumstance of delay Proof of cancellation charges levied by the carriers Medical reports and doctors if applicable Termination letter from the company if applicable

	<ul style="list-style-type: none"> • The original tickets of the insured and the travelling if applicable • Police report confirming the incident/government order if applicable • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
OVER BOOKED-COMMON CARRIER	<p>Required Document</p> <ul style="list-style-type: none"> • Copies of boarding pass, ticket, and baggage tags. Original letter from the concerned Airline confirming the overbooked flight & when the next alternative transportation is available with refund or compensation amount if any. • Money receipt in original for the expenses made towards reasonable additional cost incurred for staying in a similar hotel or purchasing a new ticket • Original Air ticket/itinerary, where you were originally supposed to travel • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
MISSED EVENT	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of Event ticket paid in advance • Documentary proof of death, serious Illness/Injury of Self or Family Member • Proof of delay of Public Transport (Schedule flight) to get to Event • Proof of delay of Vehicle met with Accident or break down. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
ALL RISK CANCELLATION	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of complete schedule itinerary for all the sectors • Copy of Passport with visa entry and exit stamp • Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider

	<ul style="list-style-type: none"> • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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VISA REJECTION/DENIAL	<p>Required Document</p> <ul style="list-style-type: none"> • Visa rejection letter from issuing Authority (wherever applicable) • Expected days of Visa arrival letter (wherever applicable) • Copies of correspondence with the authorities/others certifying the reason of denied entry on proper Visa (wherever applicable) • Ticket Itinerary • Receipts of Visa application & other charges • All original bills and receipts of booked and confirmed tickets of transport, accommodation or amusement • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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HOTEL OVER BOOKING	<p>Required Document</p> <ul style="list-style-type: none"> • A declaration from the Insured Person that he / she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation. • A confirmation from the Common Carrier of the bounced booking having occurred solely at their instance and responsibility. • A confirmation from the accommodation provider of the bounced booking having occurred solely at their instance and responsibility. • The Insured shall lodge his / her claim on the Common Carrier and / or the accommodation provider in writing • Statement of Claim for the expenses incurred; • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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EMERGENCY REUNION & RESUMPTION OF TRIP	<p>Required Document</p> <ul style="list-style-type: none"> • Attested copy of Death Certificate by issuing authority • Cause of death issued by treating doctor • Relationship proof with insured
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	<ul style="list-style-type: none"> • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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LOSS OF CHECKED-IN BAGGAGE	<p>Required Document</p> <ul style="list-style-type: none"> • Property irregularity report issued by the appropriate authority; • Voucher of the Common Carrier for the compensation paid for the non-delivery/short delivery of the Checked-In Baggage; • Copies of correspondence exchanged, if any, with the Common Carrier in connection with the nondelivery / short delivery of the Checked-In Baggage. • Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage. • In case of items of individual value equal to or more than US\$ 100 / INR 5,000 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of Us/Assistance Service Provider). • A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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DELAY OF CHECKED-IN BAGGAGE	<p>Required Document</p> <ul style="list-style-type: none"> • Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked- • In Baggage; • Voucher of the Common Carrier for the delay in delivery of the Checked-In Baggage; • Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage; • A valid ticket / proof of travel to the location the Insured Person is traveling as a bona fide passenger. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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EMERGENCY ACCOMMODATION COVERAGE	
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	<p>Required Document</p> <ul style="list-style-type: none"> • Authentication letter from the Common Carrier on the Inclement weather • News Paper cutting or media coverage available in the public domain on the occurrence of the Insured Contingency details. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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HIJACK DISTRESS ALLOWANCE	<p>Required Document</p> <ul style="list-style-type: none"> • Letter from the Common Carrier authorities confirming the event; • Valid ticket or certificate from the Common Carrier establishing the Insured Person's bona fide travel in the affected Common Carrier. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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OVERSEAS TRAVEL SERVICE SUPPLIER INSOLVENCY	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of complete schedule itinerary Copy of new itinerary in case trip got reschedule along with boarding passes • Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss • All original bills and receipts for expenses which got forfeited, non-refundable in nature. • All original bills and receipts for additional reasonable and necessary transportation expenses and accommodation charges • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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HOTEL /PRIVATE RENTAL CANCELLATION	<p>Required Document</p> <ul style="list-style-type: none"> • Original bill and receipt or letter obtained from the hotel and/or Private Rental properties (available on payment of fees) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained.
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	<ul style="list-style-type: none"> • Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation. • A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey. • Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his/her Immediate Family Member. • Any other document related to cancellation • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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POLITICAL RISK AND CATASTROPHE EVACUATION	<p>Required Document</p> <ul style="list-style-type: none"> • Official Declaration by embassy of the Country of Residence of the Insured Person/ Notification from Government. • Original invoice of hotel accommodation during the period the Insured Person is unable to return to the Country of Residence/City of Residence. • (iii) Original ticket(s) used for the travel back to the Country of Residence/City of Residence. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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CRUISE COVER	<p>Required Document</p> <ul style="list-style-type: none"> • Booking confirmation • Written proof from the public transport on the Accident, Breakdown of the Common Carrier • Money receipt in original for the expenses made towards the extra cost of travel and accommodation • Medical Report on the illness or accidental injury suffered by the insured from the Medical Officer of the ship (if applicable) • All original bills and receipts for expenses which got forfeited, non-refundable in nature. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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BAIL BOND	<p>Required Document</p> <ul style="list-style-type: none"> • Statement of claim furnishing particulars of the event. • Copy of the report and notice received from the government or statutory body/authority. • Copy of the application for bail and the evidence of cost incurred towards procurement of such bail. • A written confirmation from the appropriate authority/court, stating the offence committed and if it is bail-able or not/court copy, if applicable • Money receipt in original from the appropriate authority/court for the amount paid towards the bail bond. <ul style="list-style-type: none"> • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
SPONSOR PROTECTION	<p>Required Document</p> <ul style="list-style-type: none"> • In relation to the Sponsor <ul style="list-style-type: none"> ○ Medical reports specifying the details of the Accident and the nature of Injury. ○ Death Certificate. ○ Post-mortem certificate / report (wherever applicable). ○ Police report (wherever applicable). • (ii) In relation to Unpaid Fees <ul style="list-style-type: none"> ○ Demand letter from educational institute. ○ Copy of the original fee schedule. ○ Certificate from educational institute establishing the continuity of studies. ○ Last semester passing certificate. ○ Documentary proof of last fee paid by the Sponsor. ○ Letter from school / college authority informing about the balance tuition fees, if any, for the course. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
STUDY INTERRUPTION	<p>Required Document</p> <ul style="list-style-type: none"> • In relation to Death of the Immediate Family Member <ul style="list-style-type: none"> ○ Medical reports giving the details of the Accident and nature of Injury. ○ Death Certificate. ○ Post-mortem certificate (wherever applicable). ○ Police report (wherever applicable). ○ Proof of relationship. • In relation to Hospitalization of Insured Person

	<ul style="list-style-type: none"> ○ Original pathological or diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital. ○ Original bills and receipts for: ○ Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered. ○ Fees paid to the Medical Practitioner and for special nursing charges. ○ Charges incurred towards any and all test and / or examinations rendered in connection with the treatment. ○ Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person ● In relation to Fees <ul style="list-style-type: none"> ○ Demand letter from educational institute raising such demand. ○ Copy of the original fee schedule. ○ Certificate from Educational Institute establishing the discontinuity of studies and re-admission to the same semester under the same course. ○ Last semester passing certificate. ○ Documentary proof of last fee paid. ● Duly completed and signed Claim form, in original ● Copy of first and last page of passport copy with entry/exit stamp ● Any other document as required Assistance Service Provider ● Copy of e-ticket / boarding pass. ● NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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PERSONAL LIABILITY	<p>Required Document</p> <ul style="list-style-type: none"> ● Statement of claim furnishing particulars of the event leading to the liability, such as the court order; ● Photocopy of the police report (wherever reported). ● Witness statements if available ● Any other documents relevant to the incident including summons, legal notice, copy of court award, notice from third party claiming the amount. ● Duly completed and signed Claim form, in original ● Copy of first and last page of passport copy with entry/exit stamp ● Any other document as required Assistance Service Provider ● Copy of e-ticket / boarding pass. ● NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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HOME BURGLARY	<p>Required Document</p> <ul style="list-style-type: none"> ● Covering Letter detailing full statement of the facts of the incidence of theft. ● Copy of FIR (filed with the local police authorities) ● Details of local investigation and survey of loss in case carried out by Insured Person. ● Details of any other insurance covering the same loss ● Passport and Visa copy with Entry Stamp from country of visit and exit Stamp from India ● Duly completed and signed Claim form, in original ● Copy of first and last page of passport copy with entry/exit stamp ● Any other document as required Assistance Service Provider
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	<ul style="list-style-type: none"> • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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MUGGING COVER	<p>Required Document</p> <ul style="list-style-type: none"> • Police report issued by the police having jurisdiction at the place of loss. • Evidence of report by the traveller's cheque issuing authority or the agent of traveller's cheque issuing authority. • Detailed statement of the Insured Person for the occurrence of event. • Bills/evidence of purchase of traveller's cheques/instruments, currency exchange. • Copy of passport signifying the latest entry and exit out of the country of visit where the incidence mentioned under this Benefit has occurred. • Copy of passport signifying the latest entry and exit out of Republic of India. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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IDENTITY DOCUMENT THEFT / LOSS	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of the police report (wherever applicable); (ii) • Original receipt for payment of charges to the authorities for obtaining a new or duplicate identity proof document. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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GADGET COVER	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of FIR, final Police report attested by respective authorities regarding loss of gadgets along with list of lost gadgets. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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<p>DIGITAL CAMERA INSURANCE</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Proof of Ownership • Bills and documents for the repairs or replacements made, as applicable • Job sheet detailing about the repairs or replacement • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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<p>UNIVERSITY INSOLVENCY / DERECOGNITION OF UNIVERSITY OR COURSE</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Proof of University being Insolvent • Recovery from the University towards expenses covered under the Policy • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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<p>CAR RENTAL EXCESS INSURANCE</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Car rental agreement • Copy of Police Report • Copy of the car rental company's accident damage report which shows the detail of each of the costs incurred, Photo evidence of the damage, itemized repair invoices/ receipts / other documents confirming the breakup of the amount Insured have paid in respect of accidental damage or loss for which the car rental company holds you responsible • Original Payment Receipt from Car Rental • Company for the excess settled towards the claim • Copy of your credit card statement or payment instrument showing payment of the damages claimed, copy of the driving license of the Insured driver • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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<p>LEGAL EXPENSES</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Medical report from the attending doctor abroad. • Death Certificate (For Death Case) • Post Mortem Report (For Death Case) • Copy of FIR / Police Report • Sequence of events • Certificate of disability from civil surgeon in India or any other equivalent recognized doctor authorized by state government. • Original invoices and receipts of legal expenses • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
<p>Debit / Credit Card / FOREX CARD- Fraud</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of first information report/policy report. • Bank Statement on the transactions made without Insured authorizing the same. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
<p>SPORTS EQUIPMENT COVER</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of Hire Agreement in case of hired sports equipment or original proof of ownership Receipts for items lost, stolen or damaged • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
<p>IDENTITY THEFT</p>	<p>Required Document</p> <ul style="list-style-type: none"> • Police Report • Provide proof that it was necessary to take time away from the Insured's work if a claim is made under lost wages. The Company will ask the Insured to submit proof from the

	<p>Insured's employer that the Insured took unpaid days off, and Insured must have this information notarized;</p> <ul style="list-style-type: none"> • Submit copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss; • Authorisation for us to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
TRAVEL LOAN SECURE (IN INR)	<p>Required Document</p> <ul style="list-style-type: none"> • Documents as per Personal Accident Section Loan Statement from the Bank with the Outstanding Principal Loan Amount details • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
JEWELLERY INSURANCE	<p>Required Document</p> <ul style="list-style-type: none"> • Police Report • Proof of Ownership with Bills and Receipts • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
HOME CARE	<p>Required Document</p> <ul style="list-style-type: none"> • A certificate from the Medical Practitioner recommending that medical services of a qualified nurse be provided to the Insured Person at his home. • Discharge summary from the Hospital furnishing details including the date of admission and date of discharge. • The Qualified Nurse's bill and payment receipt. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider

	<ul style="list-style-type: none"> • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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REIMBURSEMENT OF GOLF FEES AND OTHER NON-TRANSFERABLE TICKET EXPENSES	<p>Required Document</p> <ul style="list-style-type: none"> • Documentation confirming the payment of the prepaid golf fees and other pre-paid non-transferable ticket expenses. • Medical certificate from the attending Medical Practitioner confirming the reason and length of time the Insured Person would be unable to play golf and/or attend the program for which the ticket was already purchased. • Attested copy of hospital discharge summary pertaining to the same period of Hospitalization of the Insured person. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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LOSS OF PASSPORT	<p>Required Document</p> <ul style="list-style-type: none"> • Copy of the police report (wherever applicable); • Statement of claim for the expenses incurred; • Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport; • Copy of new passport; • Copy of old passport, if available • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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UP-GRADATION TO BUSINESS CLASS	<p>Required Document</p> <ul style="list-style-type: none"> • A certificate from the Medical Practitioner specifying the minimum period of Hospitalization. • Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. • Copy of the economy class air ticket issued by the Common Carrier indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier and the cancellation charges retained. • Boarding pass and copy of business class ticket confirming the return journey and the cost of ticket.
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	<ul style="list-style-type: none"> • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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EMERGENCY CASH ADVANCE	<p>Required Document</p> <ul style="list-style-type: none"> • A copy of the complaint lodged with the police authorities or the first information report. • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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MID TRIP MEDICAL COVER CONTINUANCE IN INDIA	<p>Required Document</p> <ul style="list-style-type: none"> • Passport copy signifying the last date of entry and exit out of India. • Passport copy signifying the last date of entry and exit out of country of visit. • Documents as specified for Section C.I.1 (In-patient Care for Illness and Injury with Day Care Treatment) or C.I.2 (In-patient Care for Injury with Day Care Treatment) (as applicable). • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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LIFESTYLE SUPPORT	<p>Required Document</p> <ul style="list-style-type: none"> • Discharge summary of the Hospital furnishing details including the date of admission and date of discharge. • Medical advice of medical practitioner furnishing the requirement of the lifestyle support as mentioned in this section • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>
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CYBER SECURITY	<p>Required Document</p> <ul style="list-style-type: none"> • Police Report • Duly completed and signed Claim form, in original • Copy of first and last page of passport copy with entry/exit stamp • Any other document as required Assistance Service Provider • Copy of e-ticket / boarding pass. • NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee <p>(where applicable) with pre-printed name; if name is not pre-printed, please provide copy of bank passbook / bank statement</p>