



ITGI/TP/07

IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

**TRAVEL PROTECTOR INSURANCE
CLAIM FORM (FOR ALL PLANS)**

Name of person claiming : Ms.

Home Address in India :

Occupation: Telephone No.

Details of certificate C.O. Code Office code Plan Category

Certificate No.

Serial No.

Date -policy issued

Date - Trip commenced

No. of Days

Schedule of return

Geographical limits

Worldwide excluding USA , Canada & Switzerland . Worldwide including USA , Canada & Switzerland

Name and age of each person included in the claim

Ms Initials Surname Date of Birth Day Month Year

Policy section relating to claim (tick boxes)

- Personal Accident during travel
- Medical Expenses
- Hospital daily
- Loss of passport
- Total loss of checked baggage
- Delay in checked baggage
- Hijack distress allowance
- Financial emergency assistance
- Personal liability

Date Of Claim Occurance: Trip Destination:

Please complete all the above sections of the claim form. When completed please sign declaration. I declare that to the best of my knowledge all particulars contained in this form are true . I also authorise Mercur to obtain any medical records or information necessary to process the claim.

Signed:.....

Date:.....