

Claim Process for Checked-in Baggage Loss Insurance
SBI Gold/Pride/Platinum/Premium/Signature Debit Card (Visa/MasterCard)

1. **Policy No: 3312-400401-23-1000046-00-000**
 (Please note: Policy number must be mentioned on every communication to the insurance company.)
2. The claimant (s) must submit *Checked-in Baggage Loss Insurance Intimation Form Claim Form Card Products* through speed/registered post/courier/by email/ by hand /tele-call at below address:

LIBERTY GENERAL INSURANCE,
4th Floor Liberty Health 360,
The Capitol New DP Road,
Vishal Nagar Pune,
Maharashtra.
PIN 411027.

Email: pa&benefitclaims@libertyinsurance.in.

cc: shanker.ingvale@libertyinsurance.in Mob:08657365921
alka.chaudhary@libertyinsurance.in Mob: 8494910014
madhavi@allianceinsurance.in; Mob: 7208984685

Call centre No.: 1800 2666 5844

3. Fill the Card Claim Card Products Form attached.
4. Fill the Details and share by email to above furnished email IDs.

S.No.		Details Required
1	Product Type*	IPA
2	Policy Number*	3312-400401-23-1000046-00-000
3	Family ID of Insured member	
4	Policy period	8 th Aug 2023 to 7 th Aug 2024
5	Insured/ Corporate Name*	SBI
6	Insured member / Deceased Name*	
7	Date of Birth(dd-mmm-yy)	
8	City*	
9	Date of Loss* (dd-mmm-yy)	
10	Time of Loss	
11	Details of Loss/ How accident has occurred*	
12	Benefit type TTD/PPD/PTD/Death	
13	Claimant Name*	
14	Loss Amount (approx.)	
15	Contact Person*	
16	Loss Place (City)*	
17	Complete address of loss place*	
18	Contact Number*	
19	Email ID	1
20	Type of Card (please √)	Gold
	MasterCard	Platinum
	Visa	Business Pride

		Business Premium
		Signature
21	Account Number	
22	Type of Account	SB / CA
23	a) Account Maintained with Branch b) Branch Code Number	a) b) Code No:
24	Date of last successful financial transaction done through the debit card	

Describe when & where the Loss took place: _____

Statement of Loss: _____

Name the common carrier: _____

Flight Details: _____

Flight No.: _____

From _____ to _____

Actual Date & Time of Arrival of flight at Air Port:

Had the common carrier been notified at the time of loss? : - Yes / No

Details of compensation received from carrier _____

Sr. No.	Item Purchased/ Items Lost	Date of Purchase	Purchase Cost (In INR for loss claim)
Total:			
Compensation from Airlines:			