

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड



(भारत सरकार का उपक्रम)

बेलापूर मण्डल कार्यालय: विंध्या कमर्शियल काम्पलेक्स, 5वीं मंजिल, प्लॉट क्र. 1,
सेक्टर 11, सी. बी. डी. बेलापूर, नवी मुंबई - 400 614

NATIONAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

DO-XVII, Belapur: Vindhya Commercial Complex, 5th Floor, Plot No. 1,
Sector 11, CBD Belapur, Navi Mumbai - 400 614

Tel. 27575426/2757 9963 (D): 27560813 Fax: 27574342, website: www.nationalinsuranceindia.com

Email Ids: RachanaK.Singh@nic.co.in / 240700@nic.co.in

(Registered & Head Office: 3, Middleton Street, Kolkata - 700 071)

CLAIM FORM FOR CHECKED BAGGAGE LOSS DURING AIR TRAVEL
THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.
ANSWER ALL QUESTION FULLY

Policy No: 240700421810000101

Describe when & where the Loss took place: _____

Statement of Loss: _____

Name the common carrier: _____

Flight Details: _____

1 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:			

Documents to be submitted in support of the claim for Checked-in Baggage Loss:

1. 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 forage and usage.

2. Property irregularity report issued by the Common Carrier.
3. Voucher of the Common Carrier for the compensation paid for the non-delivery/ short delivery of the Checked-In Baggage.
4. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery/ short delivery of the Checked-In Baggage.
5. Certificate from the Debit Card Issuing Branch on Bank's Letterhead, confirming that the claimant is a SBI Debit Cardholder (Annexure-I).

In case the undelivered Checked-In Baggage is subsequently traced by the Common Carrier and offered for delivery to the Insured, the Insured shall take delivery of the Checked-In Baggage and refund the amount paid by the Company hereunder. In case of delivery of part of the Checked-In Baggage, the amount paid by the Company attributable to such Checked-In Baggage shall be refunded by the Insured to the Company.

Signature of the Claimant: _____

Date: _____

Annexure I

(On Bank's Letter Head)

State Bank of India,
Branch Name: _____: Code No _____
Address: _____
Telephone No _____ Fax No: _____
Email: _____@sbi.co.in

Ref No. _____ Date: _____

Checked Baggage Loss Insurance Claim on SBI Gold/YUVA/Pride/Platinum/Premium/Signature (MasterCard/Visa) Debit Card

Policy No: 240700421810000101

This is to certify that Shri/Smt/Ms _____
who has loss checked in baggage on _____ (as per
the documents enclosed), is a SBI Debit Cardholder.

1.	Name of SBI Debit Cardholder	
2.	Address of the Cardholder (as per Banks record)	
3.	Masked Debit Card No. with date of issuance	Card No. : _____ XXXXXX _____. Date of Issuance:
4.	Type of SBI Debit Card	
5.	Bank Account No.	
6.	Name of the SBI Branch and Branch Code where the Cardholder's account is maintained	Branch Name : Branch Code :

The Bank or its Officers will not be held responsible for the genuineness/ authenticity of other documents being submitted by the claimant (s) to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant (s) and the Insurance Company.

The claim settlement will be entirely the responsibility of Insurance Company. All settlements / disputes will be between the claimant (s) and the Insurance Company and the Bank will not be a party to such disputes

Signature

(Branch Manager/Branch Head)