



**Royal Sundaram**

**BAGGAGE  
CLAIM FORM**

FOR OFFICE USE ONLY

Issuing office : \_\_\_\_\_

Date of Issue : \_\_\_\_\_

Claim No : \_\_\_\_\_

**ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED**  
46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391 Fax: 044-2851 5500  
E-mail : customer.services@royalsundaram.in

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

Please ensure that all questions are answered in Capital Letters using an ink pen

Policy Number

Certificate Number

Card Number /  
Account Number

Name of the Bank /  
Corporate Partner

**1.INSURANCE DETAILS**

Name of the Insured

Address for Correspondence  
with Pincode

Telephone Daytime / Mobile Number

STD Code :

Telephone Evening

STD Code :

E-mail ID

**2. DETAILS OF THE LOSS**

Date of the loss

(DD/MM/YY)

Time of loss

(AM/PM)

Place of loss

Nature and cause of loss

If suspected due to theft or pilferage,  
was it reported to the Police?

Yes

No

If 'Yes' please give the address  
of the Police Station

If 'No' please give reason why

First Information Report Number

Was the loss reported to the appropriate transport provider, hotel or consulate

Yes No 

If 'Yes' please give full name and address to whom the loss was reported

If 'No' please give reason why

Has a claim been lodged on the appropriate authority?

Yes No 

If 'Yes' please provide full details

If 'No', please give reasons why

**3. PARTICULARS OF BAGGAGE**

Date of Purchase	Full description of item	Sum claimed for Present Value
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>TOTAL</b>

**4. DETAILS OF OTHER INSURANCE COVERING THIS LOSS**

Company Name & Address	Policy Number	Sum Insured	Period of Insurance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. DECLARATION**

I do hereby to the best of my knowledge and belief, warrant the truth of the foregoing statements in every respect. If I have made or shall make in any further declarations that the Company may require in respect of the said incident any false or fraudulent statement/s or any suppression or concealment, my claim shall be absolutely forfeited, and the policy shall be null and void.

Place :

Date :

DD/MM/YY

Signature or thumb impression of the insured person

Please enclose

- Copy of written complaint made to the Police
- Copy of written complaint made to Transport Provider
- Copy of written complaint made to Hotel Authorities / Appropriate Authorities
- Non traceable certificate from the Police
- Reply received from the relevant authorities
- Property Irregularity Report from airline authorities
- Letter of subrogation
- Original bills, if any

Please check that all questions have been completed in full the form signed and dated.