

## Replacement and rearrangement of staff Claim Procedure to Insured

Dear Sir / Madam

1. This has reference to your claim regarding Replacement and rearrangement of staff.
2. This is extended to pay the Insured reasonable additional travel and accommodation expenses necessarily incurred for the replacement of the Insured Person if under the following circumstances the Insured Person is unable to carry out his occupational duties for a period of more than 10 days
3. **Policy Excess or Deductible** means the amount stated in the Schedule, which shall be borne by the Insured in respect of each and every Claim made under this Policy.
4. The Insured is requested to file the claim with the Claims Department at the address mentioned on the policy. Please send your claim documents by email or fax and file your claim immediately on your return back to India and the claim will be settled **within 7 days** of having received complete documents. Payment will be made in Indian Rupees only.
5. The documents must be sent as soon as possible on email or fax and **within 30 days of the return to India or expiry of policy**, whichever is earlier.
6. The list of documents required to be attached with the claim are as follows:
  - *Claim Form (to be filled and signed by insured)*
  - *Discharge Summary/Consultation Papers/Investigation Reports of insured*
  - *Medical certificate stating period of recovery from disablement*
  - *Copy of ticket itinerary and accomdation charges for replacement and Insured Person*
  - *Death certificate in case of death of a Spouse/ parent/ child/ brother/ sister/ parent-in-law/ close business associate of Insured*
  - *Letter of any Indian court, and similar authority like police stating the presence of insured in India*
  - *All bills and payment receipts towards the expenses incurred in overseas*
  - *NEFT form and Pre Printed Cancelled cheque stating assignee / Claimant Indian Bank account details*
  - *Passport and visa copy with Entry Stamp Overseas and exit Stamp from India*
7. We have attached the Claim Form / ROMIF/ NEFT (To be filled as per the region where the loss has occurred) for your necessary action.

Should you require any further clarification on the claims procedure matter, please do not hesitate to contact us at-

Telephone number  +9120-30305858,

Fax number  +91 20 30512207

Email  [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

- **It is necessary to provide claim documents so as to facilitate claim process. Delay in submission of above mention documents will delay further claim process.**
- **For further detailed policy terms and condition please refer our policy wording or you can download from our website at link <http://www.bajajallianz.com/Corp/travel-insurance/more-travel-product.jsp>**