

**Bajaj Allianz General Insurance Co. Ltd.**

952/954, Appasaheb Marathe Marg, Nr. Chaitanya Tower, Prabhadevi, Mumbai-400025

Contact numbers: Charges Applicable 020-30305858/ Toll Free-18002095858

**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

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**Policy No: OG-22-1919-9930-00000046**

(Please note: Policy number has to be mentioned on every communication to the insurance company.)

1. The claimant will be the Cardholder.
2. The insured has to submit Baggage Claim form within 21 days of loss of baggage.

**Edelweiss Gallagher Insurance Brokers Limited**

**3<sup>rd</sup> Floor, Tower 3, Wing B, Kohinoor City Mall Kohinoor City, Kiroli  
Rd, Premier Residencies, Kurla,  
Mumbai, Maharashtra 400022**

Email Ids: [ajay.dembla@edelweissfin.com](mailto:ajay.dembla@edelweissfin.com), [Abhay.sawant@edelweissfin.com](mailto:Abhay.sawant@edelweissfin.com)

Cc: [Jaanhvi.chavan@edelweissfin.com](mailto:Jaanhvi.chavan@edelweissfin.com)

**Additionally, register a claim to BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.**

**On below link always.**

Kindly copy & paste the link in Google Chrome - <https://bit.ly/37kLJV7>

Please register claim online & confirm us INT No. to provide your claim number

**Email ID :** [Aniket.Gaikwad@bajajallianz.co.in](mailto:Aniket.Gaikwad@bajajallianz.co.in) / [Aarti.Wagle@bajajallianz.co.in](mailto:Aarti.Wagle@bajajallianz.co.in) /  
[Mumbai.NMClaims@bajajallianz.co.in](mailto:Mumbai.NMClaims@bajajallianz.co.in)

Describe when & where the Loss took place: \_\_\_\_\_

Statement of Loss: \_\_\_\_\_

Name the common carrier: \_\_\_\_\_

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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.

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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: \_\_\_\_\_

**(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/Pride/Platinum/Premium/Signature  
 (MasterCard/Visa) Debit Card**

**Policy No: OG-22-1919-9930-00000046**

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



Name of the Account Holder : (As per Bank Account)																				
Account Type		Savings						Current						Cash Credit						
Account No. (as appearing in the cheque book)																				

I/we have read the declarations / conditions mentioned overleaf.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ (Beneficiary's  
Signature) \_\_\_\_\_

**MANDATORY REQUIREMENT**

**PLEASE ATTACH HERE**

**Cancelled blank Cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If NAME OR IFSC code of the payee is not printed on the cheque leaf, please attach copy of the first page of the bank passbook also.**

**I have verified the documents attached with the mandate and confirm that these documents correctly belong to the Partner ID & Partner Name mentioned in the mandate. ( To be verified by superior )**

**Card No. \_\_\_\_\_ Card Holder Name: \_\_\_\_\_ Type of Card \_\_\_\_\_**

**Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_**

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**DECLARATION**

- I / We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I / we would not hold Bajaj Allianz General Insurance Company Limited responsible.
- I / We undertake to revoke the instruction for NEFT in the event of the business relationship expiring and or being 'terminated' and further hereby specifically authorize Bajaj Allianz General Insurance Company Limited, to do so, for me and on my behalf, in case the revocation communication is not received from me within seven days of expiry and or being termination of relationship.
- I / We further undertake to refund, at any time, any excess amount whether demanded by Bajaj Allianz General Insurance Company Limited or not, which has been credited to my account [due to any reason] by Bajaj Allianz General Insurance Company Limited, in excess of (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/Commission/Claim/Refund/ Any other payment.
- I / We agree that the payment will be endeavoured to be credited starting from the date of next payment cycle and unless the Mandate is revoked by me/us issuance of relevant credit instruction for electronic payment from Bajaj Allianz General Insurance Company Limited into the aforesaid account will be valid discharge to Bajaj Allianz General Insurance Company Limited for having paid (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/ Commission/Claim/Refund/ Any other payment.
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- I / We further confirm that we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to receive the amount and or to collect our payments by electronic payment mode directly through my/our bank accounts.
- I / We further confirm that I/we understand, Bajaj Allianz General Insurance Company Limited, shall make electronic payment to my account by issuing the Payment instruction electronically through its banker to the Clearing Authority and the Clearing Authority would ensure credit to my/our specified bank account provided hereinabove.



- I / We further undertake to inform Bajaj Allianz General Insurance Company Limited with an advance notice of 6 weeks, to withdraw from this mode of electronic payment.
- I / We further confirm that Bajaj Allianz General Insurance Company Limited will have, at its sole discretion, the right to return back to the option of paying to me/us by way of cheque if there are more than 2 consecutive failures in remittances for no fault on the side of Bajaj Allianz General Insurance Company Limited.
- After Bajaj Allianz General Insurance Company Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/our account, then same shall neither constitute the default in (i) Payment of amount requested by me, or (ii) Payment of amount due to me/us, or (iii) Payment of agreed rent/license fees/compensation/refundable security deposit/ commission/claim/ Refund/Any other payment by Bajaj Allianz General Insurance Company Limited nor constitute default of any terms and conditions of any agreement/MOU/ Claim/Refund/Other contract and or Lease agreement/Leave and license agreement with me/us.

Name of the card Holder &  
Signature