

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

1. Policy No: 4049/258193092/00/000

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

- 2. The claimant (s) has to 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:**

**ICICI LOMBARD HEALTHCARE,
 ICICI Bank Tower, Plot No.12, Financial District,
 Nanakram Guda, Gachibowli, Hyderabad, AP.
 PIN 500032.**

Email: ihealthcare@icicilombard.com

Cc: Trupti.singh@icicilombard.com; Mob: 8976890881

Madhavi@allianceinsurance.in; Mob: 7208984685

Call centre No.: 1800 2666

Intimation: Email

- 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	Policy Number	4049/258193092/00/000
2	Date of Loss	
3	Card Number	
4	Type of Card (please v)	Gold
	MasterCard	Platinum
	Visa	Business Pride
		Business Premium
		Signature
5	Account Number	
6	Type of Account	SB / CA
7	a) Account Maintained with Branch b) Branch Code Number	a) b) Code No:
8	Name of Insured	NA
9	Address	PIIN -
10	Mobile Number	
11	Email ID	
12	Nature of Loss	
14	Loss Description / Remarks	
15	Estimated Loss	--

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:			