

- ii) Bills/ vouchers/ reports/ discharge summary must contain the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed, the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed.
- iii) A claim for reimbursement of the costs of repatriation home of remains or the costs of burial abroad must be substantiated by an official death certificate and a physician's statement giving the cause of death.
- iv) For reimbursement of extra expenses of transportation of Insured to the Republic of India, a medical statement indicating the cause of illness and the necessity of the transportation.
- v) In case of loss of baggage, a copy of the report made to the police authorities within 24 hours of the Insured becoming aware of the loss.
- vi) In case of loss of baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of baggage.
- vii) Adequate proof of ownership of baggage valued in excess of \$ 100 for loss / delay of baggage.
- viii) For loss of passport, a Police Report obtained within 24 hours of the Insured becoming aware of the theft.
- ix) For personal liability, proof of judicial decision rendered by a court of law.
- x) For personal accident claim, bills/ vouchers/ reports/ discharge summary must contain the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment.
- xi) In case of Financial Emergency, the Insured shall immediately contact the Alarm Center of Paramount or Mercur Assistance (but preferably Paramount) stating the details given on his / her Insurance Policy along with the police report containing the passport number and a written statement narrating the incident of loss ie. causes, circumstances and the place.
- xii) In case of hijack, the incidence should be confirmed by the police. The police report should contain details such as the passport number of the Insured person, the period of hijack. In rare cases, the Company may consider the other supporting documents such as a report issued by the airlines, newspaper reports, TV and other media coverage with regard to the hijacking incidence.
- xiii) Any document that the Company requires from the Insured to process the claim.
If Paramount or Mercur Assistance or the Company request that bills/ vouchers in a foreign language be accompanied by an appropriate translation, then the costs of such translation must be borne by the Insured.

◀ CLAIMS SETTLEMENT ▶

- a) If the procedure stated above is complied with, Mercur Assistance or Paramount, as the case may be, will guarantee to the provider the costs of hospitalisation, transportation for emergency services, transportation home for the Insured and any covered accompanying person, repatriation of remains, local burial and financial emergency assistance. All costs will be directly settled by Mercur Assistance or Paramount on the Company's behalf and the same shall constitute due discharge of the Company's obligations hereunder.
- b) Reimbursement of all claims by Paramount will be in Indian Rupees at the exchange rate applicable on the date the amount is billed.
- c) The cost of the translations that have to be made by Mercur Assistance or Paramount will be deducted from the insurance claim.
- d) In the event of the Insured's death, the Company or the Company's representatives shall have the right to carry out a post mortem/autopsy at the Company's expense.

◀ CLAIMS OBLIGATIONS ▶

- i) Claims for insurance benefits must be submitted to Paramount or Mercur Assistance not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after repatriation of the remains/burial.
- ii) The Insured shall provide Paramount or Mercur Assistance, on demand, any information that is required to determine the occurrence of the Insured Event or the Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the trip abroad.
- iii) If requested to do so by Paramount or Mercur Assistance, the Insured is obliged to undergo a medical examination by a Physician designated by Mercur Assistance or Paramount.
- iv) Mercur Assistance is authorized by the Insured to take all measures that are suitable for loss prevention and claim minimisation, which includes the Insured's transportation back to the Republic of India.
- v) The Company shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached.

◀ TRANSFER AND SET-OFF OF CLAIMS ▶

- a) If the Insured has any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.
- b) In so far as an Insured receives compensation for costs he/ she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable, if any.
- c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured.

I hereby agree, affirm and declare that:

- i) The statements/information given/stated by me/us in this incident reporting form are/is true, correct and complete.
- ii) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- iii) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/we shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- iv) The receipt of this form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place : _____

Date : |D|D| - |M|M| - |Y|Y|Y|Y|

Signature of Insured



