



## UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE NO. 24 WHITES RD, CHENNAI -600 014

### PRAVASI BHARATIYA BIMA YOJANA POLICY

#### CLAIM FORM

<b>1. Insured Details</b>	
Full Name:	
Telephone No:	
Mobile No:	
Occupation :	
E-mail address:	
Address of the Insured/Claimant:	
<b>2. Foreign Employment Details</b>	
a) Passport No. :	
b) Valid up to :	
c) Details of Work Permit	
d) Name of the Country for which Visa obtained:	
e) Name and Address of the Employer abroad :	
f) Period of Contract:	
<b>3. Has the Insured claimed any compensation from any other source for the same loss/damage/liability?</b>	
<b>4. Details of other insurance policies held by the Insured (PA &amp; Health)</b>	
<b>5. Details of Loss</b>	<b>Amount Claimed</b>
a) State type of Loss- Accidental Death/Permanent Disability/ Hospitalisation/Transportation Cost/Termination/Loss of Employment/Maternity Expenses/Legal Expenses	
b) Details of Loss-	
(i) Date & Time	
(ii) Cause of Loss	
c) In case loss is due to Accident, whether the same has been reported to Police	
d) If the Loss is due to Hospitalisation due to Illness or Maternity, give details of:	
(i) Name of the Patient	
(ii) Relationship with Insured	
(iii) Date of Admission,	
(iv) Date of Discharge,	
(v) Reason for Hospitalisation (Diagnosis)	
(vi) Amount Claimed	
(vii) Attach supporting Bills, Test Reports, Prescriptions and Discharge Summary.	
e) If the Claim is made on grounds of Termination of Employment, please give details of:	
(i) Date of Commencement of PBBY Policy	
(ii) Date of reporting to Foreign Employer	
(iii) Reasons given by Foreign Employer for termination of employment-	
1. Fallen Sick/ Medically found unfit for employment (within 6 months of commencement of PBBY Policy)	
2. Not received/employed by employer on arrival abroad	

(iv) (v) (vi)	3. Substantive change in terms of employment/ job/employment contract (Within 3 months of taking PBBY Policy) Amount of One way Economy Class Airfare claimed (attach Original Air Ticket & Boarding Pass) Submit Certificate from Indian Mission/Post certifying grounds for repatriation. <b>Legal Expenses- Grounds for incurring along with supporting proof.</b>	
<b>6. Total Amount Claimed</b>		

I / We declare that the details furnished above are correct in all aspects.

PLACE:  
DATE :

**INSURED'S SIGNATURE**