

**CLAIMS PROCEDURE – LOSS OF LICENCE SECTION**

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In the event of the occurrence of a claim, kindly follow the following procedure:

1. Call us at our 24 Hour Call Center on 9520-30305858 (Local Call at your location) & 1600225858
2. Tell the attendant that you would like to register a claim.
3. You would have to give him the following details:
  - i. Your Name (Name of the insured).
  - ii. Policy Number-Available on the top left hand corner of the policy certificate.
  - iii. Certificate Number- Available on the top right hand corner of the policy schedule.
  - iv. Details of accident or reason of occurrence of the claim.
  - v. Your contact details.
  - vi. Date of injury / Contracting illness
4. In case of Incapacity resulting from any injury, illness or disease including natural deterioration of the Insured Person, for which benefits might become payable under the policy hereunder, immediate notice in writing must be sent to the Company at its office noted in the policy. In case such notice is not received by the Company within three calendar months from the date of such Incapacity reasonable explanation for delay beyond the period of three months has to be given by the insured Person and accepted by the Company.
5. The Insured Person shall as soon as possible after the date of such incapacity forward to the Company the following documents as may be appropriate in relation to the respective policy benefits as specified/ detailed hereunder:

Documents for Loss of License – Permanent Total Disablement

- Claim form duly completed and signed by the insured person and FIP
- Certified copy of License of the Insured Person
- Disability Certificate, in original, from Medical Board of Civil Aviation department (CA Form 35)
- Certificate, in original, from DGCA (Director General of Civil Aviation)
- Indemnity Bond

Documents for Loss of License – Temporary Total Disablement

- Claim form duly completed and signed by the insured person and FIP

- Certificate, in original, from Medical Board of Civil Aviation department (CA Form 35) that the insured person is unfit.
  - Certificate, in original, from DGCA (Director General of Civil Aviation that the Insured person is unfit.
  - Fitness Certificate, in original, from Medical Board of Civil Aviation department (CA Form 35) that the insured person is declared fit for resuming work.
  - In the event of any of the above original documents being required to be in the possession of the person insured by statute a certified copy of the same will be sufficient for processing the claim.
6. The insured person claiming for Benefits under the policy shall if required by the company

Submit to an independent medical or surgical examination.

7. If in respect of a specific case involving Incapacity alleged to be met with by the insured person, the Company feels the case is to be contested, the Insured Person and the insured shall render all assistance/ co- operation in defending against such decision for which Company shall bear all legal costs and expenses notwithstanding the limits prescribed under Item 5 of Benefits under Section 1.
8. The company if it so desires shall be at liberty, at its own expense, to secure medical treatment to be undergone by the Insured Person, which might enable him to act again in the capacity for which he holds the license. The Insured Person shall give all possible assistance to this end.
9. All claims arising under this policy shall become payable at Mumbai and the courts at Mumbai alone shall have jurisdiction to decide all disputes and differences.

In the event of settlement of a claim for Loss of License due to Permanent Total Disablement of the insured person, the insured person shall:

- a) Furnish to the Company a certified true copy of the cancelled license and also letter of confirmation from the insured to the effect that the cancelled license can be on no occasion be misused by the insured person or anyone on his behalf.
- b) Submit to the Company a “ Letter of Undertaking” as per standard draft wording of the Company, to the effect that in the event of reinstatement of his license, the insured and the Insured person shall inform the same to the Company and the insured person shall refund the entire amount of claim received in connection with the Loss of License for Permanent Total Disablement subject to that the Insured Person shall have the right to claim any benefits under the Item 3 and / or 4 under section 1 of the policy in respect of the same disablement.

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**CLAIMS PROCEDURE – PERSONAL ACCIDENT**

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1. In case of death or disablement of the Insured Person likely to result in a claim under the policy, immediate notice thereof should be sent to the company either by the Insured and /or the Insured Person's Nominee or the Insured Person's legal representative/s.
2. In case of death, the Insured Person's Nominee or the Insured Person's legal representative/s shall arrange for rendering submission of the following documents.
  - Claim Form duly completed and signed by the Insured Person and FIP
  - Death Certificate issued by the Competent Authority
  - First Information Report & Inquest Panchnama issued by police authority
  - Post Mortem Report issued by the Competent Authority wherever necessary
  - Original Insurance Certificate

In case of loss of two limbs, two eyes or one limb and one eye, the Insured Person shall arrange for rendering submission of the following documents.

- Claim Form duly completed and signed by dependants and certified by FIP.
- Certificate of Medical Practitioner confirming the loss of two limbs, two eyes or one limb and one eye.
- Original Insurance Certificate

Claim form and supporting documents shall be submitted to the Company as quickly as possible as but not later than 90 days from the date of mishap.

3. If the accident occurs in a public place, the Insured Person or his Nominee or his legal representative/s shall report to the police immediately and furnish if required by the Company, copy of the First Information Report and the Final Police report wherever necessary.
4. In case of death resulting after a prolonged period, the documents as shall be required by the Company to substantiate the linkage between accident & death may be submitted by the Insured or the Insured Person's Nominee or the Insured's Legal Representative/s.
5. The Insured Person shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.