

## Smart Personal Protection Policy Claim Form

**ZK - 24-25/v1**

### NOTIFICATION OF PHYSICAL LOSS OR DAMAGE

(The issuance/acceptance of this form is not to be taken as an Admission of Liability)

POLICY NO: \_\_\_\_\_

CLAIM NO: \_\_\_\_\_

(To be entered by Insured)

(For Company Use)

I DETAILS OF INSURED				
i) Name				
ii) Address for correspondence				
iii) Contact Number/ Email ID				
iv) Period of Insurance				
Please state the sections under which you are making a claim				
Section	Cover		Yes / No	
Section 1: Fraud Protection	Benefit 1: Card Fraud Protection	Benefit 1 (a): Lost Card Liability	<input type="checkbox"/> <input type="checkbox"/>	
		Benefit 1 (b): Card Liability due to unauthorized usage	<input type="checkbox"/> <input type="checkbox"/>	
		Benefit 1 (c): Online Fraud	<input type="checkbox"/> <input type="checkbox"/>	
		Benefit 1 (d): Misuse of Card	<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 2: Forgery or Counterfeit Cheque Cover		<input type="checkbox"/> <input type="checkbox"/>	
Section 2: Wallet Protection	Benefit 1: Physical Wallet Protection		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 2: Valuable Documents Cover		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 3: Digital Wallet Protection	Benefit 3 (a): Liability under Digital Wallet/Card due to unauthorized usage		<input type="checkbox"/> <input type="checkbox"/>
		Benefit 3 (b): Liability under Digital Wallet/Card due to fraudulent internet-based transactions		<input type="checkbox"/> <input type="checkbox"/>
		Benefit 3 (c): Misuse of Digital Wallet/Card		<input type="checkbox"/> <input type="checkbox"/>
		Benefit 3 (d): Liability under Digital Wallet/Card due to Loss of Device		<input type="checkbox"/> <input type="checkbox"/>
Benefit 4: Key Protection	Benefit 4 (a): Key Replacement		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 4 (b): Break in Protection		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 4 (c): Rental Car Reimbursement		<input type="checkbox"/> <input type="checkbox"/>	
Section 3: Mobile Phone Protection	Benefit 1: Mobile Damage Protection		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 2: Accidental Screen Damage Cover		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 3: Liquid Damage Cover		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 4: Theft, Burglary and Robbery Cover		<input type="checkbox"/> <input type="checkbox"/>	
Section 4: Gadget Protection	Benefit 1: Accidental Damage Protection		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 2: Accidental Screen Damage Cover		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 3: Liquid Damage Cover		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 4: Theft, Burglary and Robbery Cover		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 5: Breakdown Protection		<input type="checkbox"/> <input type="checkbox"/>	
Section 5: ATM Protection	Benefit 1: ATM Protection	Benefit 1 (a): ATM Robbery Protection	<input type="checkbox"/> <input type="checkbox"/>	
		Benefit 1 (b): ATM Assault	<input type="checkbox"/> <input type="checkbox"/>	
		Benefit 1 (c): Transaction under Duress	<input type="checkbox"/> <input type="checkbox"/>	
		Benefit 2: Cash in Transit Protection	<input type="checkbox"/> <input type="checkbox"/>	
Section 6: Expenses Protection	Benefit 1: Purchase Protection		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 2: E-Commerce Purchase Protection		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 3: Price Protection		<input type="checkbox"/> <input type="checkbox"/>	
	Benefit 4: Ticket Protection		<input type="checkbox"/> <input type="checkbox"/>	
Section 7	Credit Protection		<input type="checkbox"/> <input type="checkbox"/>	
Section 8	Personal Liability Protection		<input type="checkbox"/> <input type="checkbox"/>	

Section 9	Golfer's Hole-In-One	<input type="checkbox"/>	<input type="checkbox"/>
Section 10: Travel Insurance	Benefit 1: Baggage Insurance	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 2: Loss of Checked in Baggage	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 3: Delay of Checked in Baggage	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 4: Missed Flight Connection	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 5: Compassionate Visit	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 6: Hijacking	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 7: Flight Delay	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 8: Trip Cancellation and Interruption	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 9: Carrier Cancellation	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 10: Trip Liability Cover	<input type="checkbox"/>	<input type="checkbox"/>
Section 11: Personal Accident Cover	Benefit 1: Accidental Death (AD)	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 2: Permanent Total Disablement (PTD)	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 3: Permanent Partial Disablement (PPD)	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 4: Temporary Total Disablement (TTD)	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 5: Common Carrier - Accidental Death (AD)	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 6: Common Carrier - Permanent Total Disablement (PTD)	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 7: Adventure Sports - Accident Cover	<input type="checkbox"/>	<input type="checkbox"/>
Section 12:	Collision Damage Waiver	<input type="checkbox"/>	<input type="checkbox"/>
Section 13:	Misfuelling	<input type="checkbox"/>	<input type="checkbox"/>
Section 14	Baggage Cover	<input type="checkbox"/>	<input type="checkbox"/>
Section 15: Value Added Services	Benefit 1: 24/7 Card Blocking Service	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 2: Assistance Service for Mobile Phone	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 3: Emergency Hotel Assistance - India and abroad	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 4: Emergency Travel Assistance - India and abroad	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 5: Emergency Cash Assistance	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 6: Road Side Assistance	<input type="checkbox"/>	<input type="checkbox"/>
	Benefit 7: Valuable Documents Assistance	<input type="checkbox"/>	<input type="checkbox"/>

<b>II</b>	<b>Details Of Loss/ Damage (Applicable for all Sections)</b>	
	Date and time of accident/ loss/ damage/ Incident	
	Date and time of discovery	
	Place and address of Loss/Accident	
	Cause/Reason/ Nature of Loss/Accident	
	Was the Loss Reported to Police? If yes, provide copy of police Complaint	
	Detailed description of the incident	
	Additional details related to Claim, if any	
	Estimated amount of Loss Pl attach separate sheet if necessary	
	Previous loss history (if any)	
Details of other insurance on insured asset (if any)		

Please provide the below information, as applicable to the relevant sections

<b>III</b>	<b>Section 1: Fraud Protection</b>	
	Card Number	
	Name of the Bank/Card Issuer	
	Was the Card stolen or lost	
	Date of Intimation to Card Issuer	
<b>IV</b>	<b>Section 6: Expenses Protection</b>	
	<b>Benefit 1: Purchase protection</b>	
	Date of purchase	
	Nature of loss/damage	
	Description of loss/damage	

	In case of theft, was the loss reported to Police?	
	If yes, provide copy of police complaint/FIR.	
	<b>Benefit 2: E-Commerce Purchase Protection</b>	
	Date of purchase	
	Scheduled date of delivery	
	Date of intimation to seller in case of non-delivery of goods	
	Date of intimation to seller in case of improper functioning due to damage of delivered goods during transit	
	<b>Benefit 3: Price Protection</b>	
	Date of purchase	
	Place/Address of purchase	
	Original price of purchased product	
	Amount shown in printed advertisement/ In-Store Printed Promotion/ No-Auction Internet Advertisement, for the same item identified by the same brand, make, model	
	Date of publication of printed advertisement, In-Store Printed Promotion or No-Auction Internet Advertisement	
	Place/Address of the printed advertisement	
	<b>Benefit 4: Ticket Protection</b>	
	Date of purchase of ticket	
	Scheduled date and time of the event	
	Nature and type of incident preventing insured to attend the event	
	Date and time of the incident preventing insured to attend the event.	
<b>V</b>	<b>Section 8: Personal Liability Protection</b>	
	Date & Time of occurrence Place of incident	
	Brief description of the kind and history of the occurrence	
	Has any person sustained any injuries in the accident?	
	Occupation	
	State where such person(s) was/were at the time of accident	
	If so, Give name(s) of such Person(s)	
	Address(es) City	
	Pin Code:	
	Has/Have the injured person(s) been removed to hospital or medically attended? If so, give particulars	
	Has the accident/Loss caused damage to property or livestock?	
	Has any claim been made upon you by any person?	
	Has the accident been reported to any authority?	
	If so, state to whom and attach a copy of the report submitted What action, if any, has been taken by the authority?	

<b>VI</b>	<b>Section 10: Travel Insurance</b>			
	<b>Benefit 1: Baggage Insurance</b>			
	Details of Baggage lost/ damaged			
	Value of the items lost			
	<b>Benefit 2: Loss of Checked in Baggage &amp; Benefit 3: Delay of Checked in Baggage</b>			
	Describe when & where the loss/delay took place			
	Name of the airline			
	Flight Details		Flight Number: _____ From _____ to _____	
	Airline Reference No:			
	Schedule date/time of arrival		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins	
	Actual date/time of arrival		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins	
	No of hours delayed		<input type="text"/> hrs	
	Has the airline been notified at the time of loss? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Details of compensation received from the airline, if any			
	Please provide details of items purchased, in case of delay		<b>Item purchased</b>	<b>Date of purchase</b>
				TOTAL
		Less Compensation received from airline		
		Net Amount		
<b>Benefit 4: Missed Flight Connection</b>				
Name of the airline				
Flight Details		Flight Number: _____ From _____ to _____		
Airline Reference No:				
Schedule date/time of arrival		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins		
Actual date/time of arrival		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins		
Schedule date/time of departure of connecting flight		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins		
No of hours delayed		<input type="text"/> hrs		
Cause of delay				
<b>Benefit 5: Compassionate Visit</b>				
Date of hospitalization of insured				
Date of discharge				
Name and address where insured was hospitalized				
Name of the Common Carrier				
Common Carrier details wherein the person attending the insured travelled		Common Carrier Number: _____ From _____ to _____		
		Departure Date: _____ Departure Time: _____		
		Arrival Date: _____ Arrival Time: _____		
<b>Benefit 6: Hijacking</b>				
Name of the airline				
Flight Details		Flight Number: _____ From _____ to _____		
Airline Reference No:				
Schedule date/time of departure		DD/MM/YYYY    hrs    mins		
Schedule date/time of arrival		DD/MM/YYYY    hrs    mins		
Date/time of Hijack		DD/MM/YYYY    hrs    mins		
Date & time of Return from hijack		DD/MM/YYYY    hrs    mins		
Please provide details of the incident				

<b>Benefit 7: Flight Delay</b>					
Name of the airline					
Flight Details		Flight Number: _____ From _____ to _____			
Airline Reference No:					
Schedule date/time of arrival		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins			
Actual date/time of arrival		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins			
No of hours delayed		<input type="text"/> hrs			
<b>Benefit 8: Trip Cancellation and Interruption</b>					
Name of the airline					
Flight Details		Flight Number: _____ From _____ to _____			
Airline Reference No:					
Schedule date/time of departure		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins			
Cause for Cancellation/Interruption					
Details of expenses incurred		<b>Expenses incurred</b>	<b>Date</b>	<b>Place</b>	<b>Amount</b>
Amount refunded by airline/hotel					
			TOTAL		
<b>Benefit 9: Carrier Cancellation</b>					
Name of the Common Carrier					
Common Carrier Details		Common Carrier Number: _____ From _____ to _____			
Airline Reference No:					
Schedule date/time of departure		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins			
Date and Time of Cancellation by Common Carrier		DD/MM/YYYY <input type="text"/> hrs <input type="text"/> mins			
<b>Benefit 10 : Trip Liability Cover</b>					
Date & Time of occurrence					
Place of incident					
Brief description of the kind and history of the occurrence					
Has any person sustained any injuries in the accident?					
Occupation					
State where such person(s) was/were at the time of accident					
If so, Give name(s) of such Person(s)					
Address(es)					
City					
Pin Code:					
Has/Have the injured person(s) been removed to hospital or medically attended? If so, give particulars					
Has the accident/Loss caused damage to property or livestock?					
Has any claim been made upon you by any person?					
Has the accident been reported to any authority?					
If so, state to whom and attach a copy of the report submitted What action, if any, has been taken by the authority?					

<b>VII</b>	<b>Section 7 (Credit Protection) and Section 11 (Personal Accident Cover)</b>	
	Name of the insured person who had sustained injury / Died	
	Occupation	
	Age	
	Cause of accident	
	Was the insured person under the influence of intoxicating drugs / liquor	
	Details of injuries sustained	
	Details of treatment	
	Disability Details	
	Sum Insured	
	Police Report details, if any	
<b>VIII</b>	<b>Section 12: Collision Damage Waiver</b>	
	Date and place of collision	
	Details of incident	
<b>IX</b>	<b>Section 13: Misfuelling</b>	
	Date and place of incident	
	Details of incident	
<b>X</b>	<b>Section 14: Baggage</b>	
	Details of Baggage lost/ damaged	
	Value of the items lost	

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- 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.
- 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.
- The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company, without prejudice, reserves the right to process or reject or require further/additional information in respect of the claim.

Place: 

D	D	M	M	Y	Y	Y
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Date: 

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Signature and Stamp of the Insured/ Claimant

**Direct Fund Transfer / EFT mandate Form**

A) Would you like to continue with the NEFT details provided in the proposal form for Claim payment?  Yes  No

B) If No, Kindly provide the below mentioned details

- Payee name (as per bank records).....
- Payee account no .....
- Type of account :  Saving  Current  Others
- Name of the bank.....
- Branch Name.....
- Address of the bank: .....
- IFSC Code of the bank.....
- MICR code of the Bank.....
- PAN of the payee: .....

Please attach an **Original Blank Cancelled Cheque** signed by the payee. (Mandatory)

Please attach a **PAN Card** copy of Payee (mandatory)

**Terms and Conditions for Payments through RTGS / NEFT**

1. The details provided by the Customers in the Mandate Form shall be considered as final and Zurich Kotak General Insurance Company (India) Limited shall not be responsible for cross verification of any of the details provided therein.
  2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Zurich Kotak General Insurance Company (India) Limited and/ or within such period as may be reasonably required by Zurich Kotak General Insurance Company (India) Limited to activate the RTGS/NEFT facility.
  3. The Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part Zurich Kotak General Insurance Company (India) Limited or any factor beyond the control of Zurich Kotak General Insurance Company (India) Limited
  4. The Customer agrees to indemnify, without delay or demur, Zurich Kotak General Insurance Company (India) Limited and its agents and keep Zurich Kotak General Insurance Company (India) Limited and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Zurich Kotak General Insurance Company (India) Limited may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
  5. Zurich Kotak General Insurance Company (India) Limited may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to Zurich Kotak General Insurance Company (India) Limited. The date of notice for Zurich Kotak will be the date of receipt of such notice by Zurich Kotak. The notice of such termination should be given to Zurich Kotak only at its corporate address and be addressed at Zurich Kotak General Insurance Company (India) Limited, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India.
  6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by Zurich Kotak General Insurance Company (India) Limited. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by Zurich Kotak to the Customer stating the date of receipt of such communication by the Customer.
  7. The Customer agrees that transaction(s) through RTGS/NEFT facility may attract inward RTGS/NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
  8. Zurich Kotak has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
  9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
  10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Zurich Kotak General Insurance Company (India) Limited. Website [www.zurichkotak.com](http://www.zurichkotak.com) or by sending them by post to the last address of the Customer.
  11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals in India.
  12. I / We further undertake to refund any excess amount whether demanded by Zurich Kotak General Insurance Company (India) Limited. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from the Company of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date Zurich Kotak General Insurance Company (India) Limited gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Zurich Kotak General Insurance Company (India) Limited to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Zurich Kotak General Insurance Company (India) Limited before the expiry of the notice period of the customer.

Signature of the Account Holder