

**The Oriental Insurance Co. Ltd**  
**Head Office, A-25/27, Asaf Ali Road , New Delhi-110002**

Issuing .  
Office

**PNB WORLD TRAVEL CARD INSURANCE CLAIM FORM**

(THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY)

1	Name & Address of the cardholder: & issuing Branch
2	Policy No. : _____ Card No.: _____
3	Date , Time & Place of discovery of loss of card:
4	Date & Time of intimation to appropriate helpline:
5	Narration of incident:
6	Whether notified to Police  (a) If yes, when and submit copy of Police Report:  (b) State result of Police Investigation, if any:
7	Are you insured against the present loss under any other policy:
8	Action taken by Bank after intimation of loss:

<b>Description of loss suffered</b>		
Date & Time	Amount	Description

I declare that foregoing statements are true to the best of my knowledge and belief, that the description of the loss as stated above has been actually incurred by me under the circumstances above prescribed. I further declare that I have abided by all the instructions given by the Bank and have taken all the necessary precautions for the safe custody of the card .I have not done anything which could have contributed to the loss.

Place:

Date:

**Signature of the Cardholder**

**Signature of the Bank**