

HDFC ERGO General Insurance Company Limited



HOME SURAKSHA PLUS – CLAIM FORM

(The issue of this form is not to be taken as an admission of Liability)

Claimant's Statement

- Track your Claim Status
- Please share the copy of claim document at the time of submission. Original documents are required only for Hospitalisation due to accident.
- Provide your Mobile Number and E-mail ID to get Claim Updates
- Duly filled NEFT (National Electronic Funds Transfer) form
- Duly Filled KYC (Know Your Customer) form and KYC documents (ID and address proof e.g PAN Card, Aadhaar Card, Ration Card, Passport etc) for all claims where in claimed about is ₹1 lakh and above

DETAILS OF INSURED

Insured's Name																
Insured Address																
City											State					
Pin Code				Phone				Mobile				Alternate Contact No.:				
Email ID																
Policy Number						Period of Insurance : From	D D M M Y Y Y Y			to	D D M M Y Y Y Y					
Loan Account Number					Principal Outstanding amount					EMI						
Does Insured have any other Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, Attach list of details with type of policy and sum insured details _____											

PLEASE INDICATE THE SECTIONS AGAINST WHICH CLAIM IS BEING MADE

Fire Allied perils / Theft & Burglary	<input type="checkbox"/>	Personal Accident - Death	<input type="checkbox"/>	Loss of Job	<input type="checkbox"/>	PA - Permanent Total Disablement	<input type="checkbox"/>	Child Education	<input type="checkbox"/>	Major Medical Illness	<input type="checkbox"/>
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*Child Education is an Add-On benefit with Accidental Death cover

FIRE & ALLIED PERILS / THEFT & BURGLARY

Date of loss	D D M M Y Y Y Y			Time of loss	H H M M AM/PM		Place of loss							
Nature and Cause of Loss (Please describe the circumstances leading to the loss _____)														
Is the Insured the Sole Owner of the property damaged or destroyed Yes <input type="checkbox"/> No <input type="checkbox"/> If No, nature of his interest in the property _____														
Whether Reported to Public Fire Brigade /Police were informed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please enclose the certificate from the Fire Brigade/ F.I.R from Police														
Affected Property/Damaged Item _____														
Estimated Loss (Repairs/ Replacement Cost if available) _____														
Please Attach your Detailed Claim Bill & Supporting Documents with Claim Form														

MAJOR MEDICAL ILLNESS

Select one of the below against which claim is being made											
Cancer	<input type="checkbox"/>	Major Organ Transplant	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	End Stage Renal Failure	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>		
Heart Valve Replacement	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	Coronary Artery Bypass Graft	<input type="checkbox"/>	Myocardial Infraction	<input type="checkbox"/>				
Details about onset, duration and diagnosis of disease / sickness/ illness _____											
Date of first Diagnosis /Occurrence D D M M Y Y Y Y Diagnosis Details _____											
Name and Address of the attending Medical Practitioner _____											
Name & Address of treating hospital / doctor _____											
City _____ State _____ Pin Code _____											
Incase illness resulted to death please provide Date of Death D D M M Y Y Y Y Place of death _____											

PERSONAL ACCIDENT

Date of accident	D D M M Y Y Y Y			Time of loss	H H M M AM/PM		Place of accident				
Particulars of the accident /Description of accidental details _____											
Insured's profession _____											
Name & Address of treating hospital / doctor _____											

City State

Pin Code Phone Mobile

Whether reported to Police authorities: Yes No Police station Name

Please indicate whether claim is in respect of: Accidental Death Permanent Disability

For Accidental Death Date of accident: Place of Death:

For child education Benefit: Provide Date of birth of Dependant child

Child 1 Child 2

For Permanent Total Disability/Permanent Partial Disability

Details of permanent disablement

LOSS OF JOB

Name & Address of employer

City State Pin Code

Companies HR email id Designation

Department Date of Joining the Organization Date of Termination / Suspension

Cause of termination / suspension

CLAIMANT INFORMATION - INSURED OR NOMINEE (NOMINEE ONLY IF INSURED IS EXPIRED)

Claimant's Name

Relationship to Insured Claimant's Address

City State Pin Code

Mobile Alternate no

I/We hereby understand, declare, consent and authorise the Company that personal health details, medical history and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the insured to release any information requested regarding this claim and the loss reported. I understand this information will be used by HDFC ERGO General Insurance, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

Place

Date

Signature

HDFC ERGO General Insurance Company Limited



Consent for Mode of Claim Payment

Name of Insured

Policy Number Claim Number

Beneficiary Name

Mode of Payment Fund Transfer

(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per

Bank Account Number Branch Name

IFSC Code Email address

Attachments Canceled Cheque Bank Passbook Copy

In Support of Bank Details (Please tick the type of proof submitted)

*Copy of cancelled cheque with payee name printed. If name of payee is not printed, on the cheque please attach copy of the first page of bank passbook

Declaration: I Mr. / Mrs / Ms. _____ undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary
Stamp Required in case of Company

Date

Home Suraksha - Claim Document Checklist

(Additional documents if required will be requested by the insurer)

***Photocopy of Aadhaar Card/ Aadhaar card number is required for all claims**

Major Medical Illness (Critical Illness)

- Duly filled and signed Claim Form
- Investigation Reports and other related documents reflecting Critical Illness diagnosis
- NEFT details for payment: Cancelled cheque copy in the name of Payee (proposer/ nominee) or bank statement/1st page of passbook copy attested by bank
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer/nominee) - Aadhaar card, Passport, Driving license, Voter ID, etc.
- Copy of discharge card /death summary
- Outstanding loan statement from financier

Accidental Death

- Duly filled and signed Claim Form
- Death Certificate from Municipal Corporation
- FIR or MLC Copy
- Post Mortem Report or Cause of death certificate from treating doctor
- NEFT details for payment: Cancelled cheque copy in the name of nominee or bank statement/1st page of passbook copy attested by bank
- Outstanding Loan Statement from financier
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of nominee - Aadhaar card, Passport, Driving license, Voter ID, etc.
- Blood analysis report or Histopathology or Chemical viscera (If done)

Personal Accident - Permanent Disability

- Duly filled and signed Claim Form
- Disability Certificate from Government Hospital
- All treatment papers and Investigation report
- FIR / MLC Copy
- NEFT details for payment: Cancelled cheque in the name of Payee (proposer) or bank statement/1st page of passbook copy attested by bank
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer) - Aadhaar card, Passport, Driving license, Voter ID, etc.
- Outstanding loan statement from financier in case of 100% disability*

Dependent Child Education Benefit

- Birth Certificate of the child/ Aadhaar Card of the child/ Ration Card
- School ID card
- Copy of Fee receipt of school/college

Standard allied perils/theft & burglary

Theft / Burglary

Duly filled and signed claim form

- Police FIR copy
- Police Final Report Copy
- List of theft/ stolen items with Cost
- Bills/ Invoice of items theft/stolen
- KYC form and KYC documents (ID and address proof e.g Pan card/ Aadhaar card/ Ration card/ Passport etc.)
- Copy of cancelled cheque with Payee name Insured name printed on cheque is required. If name is not printed on cheque please attach first page of bank passbook/Bank statement with stamp

Fire

- Claim Form duly filled & signed.
- Copy of FIR and complaint letter to Police Authorities mentioning the loss incident in detailed, if filed with police authorities.
- Copy of claim intimation to insurer.
- Your claim bill mentioning Items Claimed, Quantities Claimed and their Rates, along with repair/reinstatement cost supporting & proof of payment.
- Fire Brigade Report in case it is summoned and if not the reason for the same.
- Supporting documents such as Fixed asset register giving the capitalization details in order to arrive at the Value At Risk at the time of loss.

Loss of Job

- Duly filled and signed claim form
- Termination letter issued from the employer with the reason for termination
- Form 26AS
- EMI confirmation statement from financier (HDFC LTD / HDFC Bank LTD) from where the loan is granted
- NEFT details for payment: Cancelled cheque copy in the name of Payee (proposer) or bank statement/1st page of passbook copy attested by bank
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer) - Aadhaar card, Passport, Driving license, Voter ID, etc