



#### CLAIMS PROCESS

On the occurrence of any event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

#### CLAIM PROCEDURE

##### Section A – Health

##### 1. Notification of a Claim

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
<b>Claim Intimation</b>	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website				
<b>Claim Intimation Timelines</b>	Within 24 hours of the Hospitalization	At least 72 hours prior to the planned Hospitalization  At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier	Immediately on diagnosis of Illness
<b>Particulars to be provided to Us for Claim notification</b>	<ul style="list-style-type: none"> <li>i. The health card issued by Us</li> <li>ii. KYC documents</li> <li>iii. The Policy Number</li> <li>iv. Name of the Policyholder</li> <li>v. Name and address of Insured Person in respect of whom the request is being made</li> <li>vi. Nature of the Illness/Injury and the treatment/Surgery required</li> <li>vii. Name and address of the attending Medical Practitioner</li> <li>viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted</li> <li>ix. Proposed /Actual Date of admission</li> </ul>				<ul style="list-style-type: none"> <li>Following particulars in addition to those listed under Hospitalization Claim:</li> <li>i. Treatment details</li> <li>ii. Preferred date and time for initial assessment</li> </ul>
<b>Particulars to be provided for pre-authorization</b>	<ul style="list-style-type: none"> <li>i. Policy Number</li> <li>ii. Name of the Insured person(s) named in the Policy schedule availing treatment</li> <li>iii. Nature of disease/Illness/Injury</li> <li>iv. Name and address of the attending Medical Practitioner/ Hospital</li> <li>v. Date of admission &amp; probable date of discharge</li> <li>vi. Approximate Claim Expenses</li> <li>vii. Any other relevant information as required</li> </ul>			Not Applicable	<ul style="list-style-type: none"> <li>Following particulars in addition to those listed under Hospitalization Claim:</li> <li>Probable date of start of treatment</li> </ul>



<p>Process for obtaining Pre-Authorization</p>	<p>i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may;</p> <ul style="list-style-type: none"> <li>• Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or</li> <li>• Reject the request for pre authorization specifying reasons for the rejection</li> </ul>	<p>i. We shall send Release Of Information form to the Insured Person for signature and consent.</p> <p>ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices</p> <p>iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>iv. On receipt of the complete documents We may</p> <ul style="list-style-type: none"> <li>• issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or</li> <li>• reject the request for pre-authorization specifying reasons for the rejection</li> </ul>	<p>On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process:</p> <ol style="list-style-type: none"> <li>i. Meet the treating medical practitioner and verify the requirement along with the prescription/ discharge summary (if applicable) and the condition of the patient</li> <li>ii. Verify the past medical history of the patient</li> <li>iii. Complete physical examination of the patient</li> <li>iv. Check if the patient requires any equipment, devices etc</li> <li>v. Share the care plan and treatment cost estimation with Us.</li> <li>v. On receipt of the complete documents We may;             <ul style="list-style-type: none"> <li>• issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or</li> <li>• reject the request for pre-authorization under Home Healthcare specifying reasons for the rejection. On</li> </ul> </li> </ol>
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			rejection of Pre-Authorization under Home Healthcare, Claim procedure under Cashless treatment or Reimbursement may be followed.
List of Claim documents	Not Applicable	As enlisted below	Not Applicable
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control		

**2. List of documents for Reimbursement Claims**

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- ii. Government approved Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current illness and advice for current hospitalization.
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre
- x. All original medicine / pharmacy bills along with prescription by Medical Practitioner
- xi. MLC / FIR Copy – in Accidental cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Original invoice for Vaccination and payment receipt



### my:health Koti Suraksha

- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer. \*\*\*
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

\*\*\* In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer (NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s)).

### 3. Conditions for obtaining Cashless facility

- i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.
- ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the Network Provider.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

### 4. Payment of a Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which We will send a closure letter or make a part-payment if We have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, We shall offer within a period of 30 days a settlement of the claim to the insured.
- iii. However, where the circumstances of a claim warrant an investigation, We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We will settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay in payment of Claim beyond stipulated period, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If We, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vi. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.



We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

#### Section B – Personal Accident

##### 1. Notification of a Claim

Procedure	Cashless Hospitalization	Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
<b>Claim Intimation</b>	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website			
<b>Claim Intimation Timelines</b>	Within 24 hours of the Hospitalization	Within 24 hours of the Emergency Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier	
<b>Particulars to be provided to Us for Claim notification</b>	<ol style="list-style-type: none"> <li>1. Duly completed and signed claim form</li> <li>2. Policy/Certificate Copy</li> <li>3. First Information Report and Final Police report, wherever is necessary</li> <li>4. Any other supporting documents as may be required by the Company</li> <li>5. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.</li> </ol>			
<b>Accidental Death</b>	<ol style="list-style-type: none"> <li>1. Medical Practitioner's Report</li> <li>2. Medico Legal Certificate</li> <li>3. Death certificate</li> <li>4. Post mortem/FSL (Forensic science laboratory)report – To check for drug abuse</li> </ol>			
<b>Temporary Total Disablement</b>	<ol style="list-style-type: none"> <li>1. Medical Practitioner's Report</li> <li>2. Medico Legal Certificate</li> <li>3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;</li> <li>4. Original Discharge summary from the Hospital</li> <li>5. Medical reports, case histories, investigation reports, treatment papers as applicable.</li> <li>6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest.</li> <li>7. Leave certificate from the employer (If Employed)</li> <li>8. Fitness certificate from Medical practitioner Insured's own Indian bank cancelled cheque copy and bank details in attached format</li> </ol>			
<b>Hospital Cash-Accident Only</b>	<ol style="list-style-type: none"> <li>1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit</li> <li>2. First consultation letter from treating Medical Practitioner</li> <li>3. Certificate from treating Medical Practitioner, specifying the duration and etiology</li> <li>4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable</li> <li>5. NEFT details &amp; cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.</li> </ol>			



<b>Broken Bones</b>	<ol style="list-style-type: none"> <li>1. Medical Practitioner's Report</li> <li>2. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;</li> <li>3. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability;</li> <li>4. Original Discharge summary from the hospital</li> <li>5. Medical reports, case histories, investigation reports, treatment papers as applicable.</li> <li>6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable</li> <li>7. Relevant treatment papers clearly mentioning the areas of fracture with their severity.</li> </ol>
<b>Burns</b>	<ol style="list-style-type: none"> <li>1. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns</li> <li>2. Attested copy of FIR. (If any)</li> <li>3. All X-Ray / Investigation reports and films supporting to disability.</li> </ol>
<b>Medical Evacuation</b>	<ol style="list-style-type: none"> <li>1. Consultation note or Emergency Room's Medical Practitioner medical report</li> <li>2. Copy of the passport showing the date of entry and exit related to journey (to &amp; fro) from India.</li> <li>3. All relevant Original Invoices for the expenses incurred towards ambulance facility.</li> <li>4. A covering letter from claimant mentioning the details of loss.</li> </ol>
<b>Emergency Medical Expenses</b>	<ol style="list-style-type: none"> <li>1. Consultation note or Emergency Room's Medical Practitioner medical report.</li> <li>2. Relevant treatment papers or Discharge Summary.</li> <li>3. Copy of the passport showing the date of entry and exit related to journey (to &amp; fro) from India.</li> <li>4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable</li> <li>5. All relevant Original Invoices for the expenses incurred.</li> </ol>
<b>Dependent Child Education Benefit</b>	<ol style="list-style-type: none"> <li>1. Consultation Note OR Emergency Room's Medical Practitioner medical report OR</li> <li>2. Relevant Treatment Papers OR Discharge Summary. .</li> <li>3. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident.</li> <li>4. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability;</li> <li>5. Death certificate</li> <li>6. Final police investigation report</li> <li>7. Post-mortem Report or Coroner's Report</li> <li>8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.</li> </ol>
<b>Particulars to be provided for pre-authorization</b>	<ol style="list-style-type: none"> <li>i. Policy Number</li> <li>ii. Name of the Insured person(s) named in the Policy schedule availing treatment</li> <li>iii. Nature of disease/illness/Injury</li> <li>iv. Name and address of the attending Medical Practitioner/Hospital</li> <li>v. Date of admission &amp; probable date of discharge</li> <li>vi. Approximate Claim Expensesvii.             <ol style="list-style-type: none"> <li>i. Any other relevant information as required</li> </ol> </li> </ol>



Process for obtaining Pre-Authorization	<p>i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may;</p> <ul style="list-style-type: none"> <li>• Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable</li> <li>or</li> <li>Reject the request for pre-authorization specifying reasons for the rejection.</li> </ul>		
List of Claim documents	Not Applicable	As enlisted below	Not Applicable
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control		

## 2. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- ii. Government approved Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current illness and advice for current hospitalization.
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre
- x. All original medicine / pharmacy bills along with prescription by Medical Practitioner
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- xvi. Original invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer. \*\*\*
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
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\*\*\* In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer(NOC in



favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

### 3. Conditions for obtaining Cashless facility

- i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.
- ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.
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- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, We shall offer within a period of 30 days a settlement of the claim to the insured.
- iii. However, where the circumstances of a claim warrant an investigation, We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We will settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay in payment of Claim beyond stipulated period, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If We, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vi. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
- vii. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

#### Customer Identification Procedure (as per KYC norms of IRDAI)

Please submit the following documents in case of claim amount exceeds Rs. 100,000

Legal name and any other names used  
(Any one of the mentioned documents)

Passport/ PAN Card/ Voter's Identity Card/ Driving License/  
Letter from a recognized public authority or public servant  
verifying the identity and residence of the customer

Proof of Residence  
(Any one of the mentioned documents)

Telephone bill/ Bank account statement/ Letter from any  
recognized public authority/ Electricity bill/ Ration card





#### Contact Us

	within India	Outside India
<b>Claim Intimation:</b>	Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No :+800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@hdfcergo.com
<b>Claim document submission at address</b>	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh