

CLAIM MANUAL

COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES

A) Claim Process: -

Claim Intimation	Insured shall intimate the Claims to Company through any available mode of communication as specified in the Policy
Claim Intimation Timelines	Written notice of any occurrence which may give rise to a claim under this Policy must be given to the Company as soon as practicable and in any case within thirty (30) Days after such occurrence. Written Notice of Claim must be given to the Company immediately in the case of death, or within thirty (30) Days after the Date of Loss in all other cases
Particulars to be provided for Claim notification	<ul style="list-style-type: none"> • Policy Number • Name of the Insured Person(s) named in the Policy schedule
Claims documents	<ul style="list-style-type: none"> • Duly Fulfilled Claim Form • Copy of Driving License • Doctor's Report • First Information Report and Final Police report, wherever necessary; • Death certificate, wherever applicable; • Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; • Disability Certificate or Medical Report determining disability from registered Medical Practitioner • Legal Heir Certificate • Post mortem report, if applicable; • Any other supporting documents as may be required by the Company
Requirement of document if Claim amount greater than 1 Lakh	<ul style="list-style-type: none"> • PAN Card • Address Proof • Any other supporting document

B) Payment of Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, the Company will send a maximum of 3 (three) reminders following which the Company will send a closure letter or make a part-payment if the Company has not received the deficiency documents after 45 days from the date of the initial request for such documents

HDFC ERGO General Insurance Company Limited (Formerly HDFC General Insurance Limited). CIN: U66030MH2007PLC177117.
 Registered & Corporate Office: 1st Floor, HDFC House, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West). MUMBAI – 400078. Customer Service No. 022/0120-6234 6234 (*Call charges may apply) | care@hdfcergo.com | www.hdfcergo.com. HE/RL/Motor-1/161/Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies/HE/RL/Motor-1/161/UIN IRDAN125RP0010V01201819. IRDAI Reg No. 146.

- 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, the Company shall offer within a period of 30 days a settlement of the claim to the Insured.
- iii. Upon acceptance of an offer of settlement by the Insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured. In the cases of delay in the payment the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. However, where the circumstances of a claim warrant an investigation, the Company 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, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, 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 the Company, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents.
- vi. If requested by the Company at its cost, the Insured must submit to medical examination by the Company's Medical Practitioner as often as the Company consider reasonable and necessary and the Company's representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured and to investigate the circumstances pertaining to the claim.
- vii. The Company and their 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

C) Payment Approval

- i. The claims examiner based on his the financial limits, approves the claim in system after verifying the mandatory documents and photographs uploaded by the Surveyor
- ii. A daily payment file is automatically generated from system which is accessed by finance team.

D) Upload of claims payment file & receipt of draft

- i. The claims payment file is uploaded in to the bank software by finance department.
Claims payment is done through NEFT fund transfer directly to the bank account of customer, unless customer specifically requests payment through cheque mode.

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E) Updation of claims register

- i. Once the NEFT payment is done for the day, the claims payment file is updated with the draft numbers and dispatch details.

- ii. This file is saved in the shared drive for the Call Center / Claims team for reference