

Sarv Suraksha Plus (Group)

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

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website, You can register your claim through call to our IPO (Mobile/ Portal) app, e-mail, Call to our call centre.			
Claim Intimation Timelines	Within 15 days from the date of occurrence of the event (Other than Hospitalization)			
Claim Intimation Timelines (in case of Hospitalization)	Cashless Hospitalization	Cashless claims for Hospitalizations outside India		Reimbursement Claims
	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	
	Emergencies	Planned		Within 24 hours of the Emergency Hospitalization. At least 72 hours prior to the planned Hospitalization
	Within 24 hours of Hospitalization.	At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier.	
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number, 2. Name of the Insured Person(s) named in the Policy schedule/Certificate availing treatment (if applicable) 3. Nature of disease/illness/injury (if applicable) 4. Name and address of the attending Medical Practitioner/Hospital (if applicable) 5. Date of admission & probable date of discharge (if applicable) 6. First Information Report and Final Police report, wherever is necessary 7. Any other supporting documents as may be required by the Company 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format 			
Surveyor's Responsibilities	<ol style="list-style-type: none"> 1. The Surveyor must issue an 'ILA' or initial loss assessment, as soon as his preliminary assessment is over. 2. He should continue to advice about revision in reserve as his adjustment progresses, till a firm figure is arrived at. 3. He must submit the reports and photographs both in hard copies and soft copies. Supporting documents will have to be scanned. 4. He should clearly establish coverage. 5. He must clearly establish Cause of loss. 6. Loss Adjustment should be done in clear financial terms, with attachments certified by a CA if financial statements are involved. 7. Salvage value. 8. The Surveyor should also determine loss minimization possibilities, by involving experts from India/Abroad. If so agreed, with the insurers, he will coordinate the activities of these specialists, so as to ensure that maximum equipment is made serviceable again. 			
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.			

Claims Procedure Applicable to Health Covers

<p>Claims Documents to be submitted for Major Illness and Permanent Total Disablement due to Illness.</p>	<ol style="list-style-type: none"> 1. Duly filled Claim Form with signature of claimant. 2. Copy of Discharge Summary / Discharge Certificate / Death Certificate (in case insured expired); 3. First consultation letter from treating Medical Practitioner 4. Medical certificate confirming diagnosis, and the treatment from Medical Practitioner 5. certificate from treating Medical Practitioner, specifying the duration and aetiology 6. OT Notes in case of Surgery 7. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 9. All pathological/Histopathological and radiological Investigation Reports 10. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor. 11. Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving License Voter ID, etc) 12. Other necessary document as required by the Company <p>We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.</p>
<p>Claims documents and procedure for Second Opinion</p>	<ol style="list-style-type: none"> 1. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) 2. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). 3. On receipt of the complete set of documents, We will forward the same to the concerned doctor. 4. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents. 5. Where Claim is on reimbursement basis – Diagnostic report and invoice from Medical Practitioner
<p>Claims Documents to be submitted for Loss of Income due to termination</p>	<ol style="list-style-type: none"> 1. Duly completed claim form; 2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. 3. Certificate from the employer of the insured confirming the termination with date of and period of termination. 4. Form 26 AS 5. Any other necessary document as may be required by the Company. 6. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
<p>Claims Documents to be submitted for Loss of Income due to resignation due to CI</p>	<ol style="list-style-type: none"> 1. Duly completed claim form; 2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. 3. Resignation Letter/ Resignation Acceptance letter 4. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
<p>Claims Documents to be submitted for Loss of Income due to resignation due to Accidental Permanent Total Disablement</p>	<ol style="list-style-type: none"> 1. Duly filled Claim Form with signature of claimant. 2. Copy of Discharge Summary / Discharge Certificate 3. First consultation letter from treating Medical Practitioner 4. Certificate from treating Medical Practitioner, specifying the duration and etiology 5. OT Notes in case of Surgery 6. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 8. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.

Claims documents to be submitted for Accidental Death	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication 5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
Claims documents to be submitted for Permanent Disablement	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 5. Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
Claims documents to be submitted for Temporary Total Disablement	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. 7. Leave certificate from the employer (If Employed) 8. Fitness certificate from Medical practitioner 9. Insured's own Indian bank cancelled cheque copy and bank details in attached format 10. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
Claims documents to be submitted for Hospital Cash	<ol style="list-style-type: none"> 1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit 2. First consultation letter from treating Medical Practitioner 3. Certificate from treating Medical Practitioner, specifying the duration and etiology 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims documents to be submitted for Broken Bones	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 3. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 4. Original Discharge summary from the hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 7. Relevant treatment papers clearly mentioning the areas of fracture with their severity.
Claims documents to be submitted for Medical Evacuation	<ol style="list-style-type: none"> 1. Consultation note or Emergency Room's Medical Practitioner medical report 2. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 3. All relevant Original Invoices for the expenses incurred towards ambulance facility. 4. A covering letter from claimant mentioning the details of loss.

Claims documents to be submitted for Emergency Medical Expenses and Accidental Hospitalization	<ol style="list-style-type: none"> 1. Consultation note or Emergency Room's Medical Practitioner medical report. 2. Relevant treatment papers or Discharge Summary. 3. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. All relevant Original Invoices for the expenses incurred.
Claims documents to be submitted for Dependent Child Education Benefit and Parental Care Benefit	<ol style="list-style-type: none"> 1. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 2. Relevant Treatment Papers OR Discharge Summary. . 3. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. 4. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 5. Death certificate 6. Final police investigation report 7. Post-mortem Report or Coroner's Report 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
Claims documents to be submitted for Mobility Extension Cover	<ol style="list-style-type: none"> 1. Duly completed and signed claim form. 2. Policy/Certificate Copy 3. Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle) 4. Consultation Note Or Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. 5. All relevant Invoices for the expenses incurred. 6. Letter from treating Medical Practitioner mentioning the reason for disablement and confirming the disablement. 7. Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing.
Claims documents to be submitted for Chauffeur Benefit	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. Original invoices of transport
Claims documents to be submitted for Last Rites Cover	<ol style="list-style-type: none"> 1. Claim Form duly completed 2. Death certificate
Claims documents to be submitted for Burns	<ol style="list-style-type: none"> 1. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns 2. Attested copy of FIR. (If any) 3. All X-Ray / Investigation reports and films supporting to disability.
Particulars to be provided for pre-authorization	<ol style="list-style-type: none"> 1. Policy Number 2. Name of the Insured person(s) named in the Policy schedule availing treatment 1. Nature of disease/Illness/Injury 2. Name and address of the attending Medical Practitioner/Hospital 3. Date of admission & probable date of discharge 4. Approximate Claim Expenses <p>Any other relevant information as required</p>

Process for obtaining Pre-Authorization	<ol style="list-style-type: none"> 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 ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable <p>or</p> <p>Reject the request for pre-authorization specifying reasons for the rejection.</p>
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

Claims Procedure Applicable to Section 6 – Property Cover

Documents required for processing of claim	<ol style="list-style-type: none"> 1. Policy/Underwriting documents. 2. Survey Report with Photographs 3. Claim Form, duly completed. 4. Log book / Asset register / Capitalised item list 5. Repair / Replacement invoices with receipt 6. All Applicable valid Certificates
Claims Procedure	<ol style="list-style-type: none"> 1. Detailed description of the acts in chronological order which has resulted in the loss (details of the quantum of loss to be mentioned and the basis at which it is arrived) giving rise to a claim. 2. First Information Report /charge sheet filed by the police 3. Internal Investigation report, if any, from the Insured giving an Insight into the loss. 4. Any other relevant documents which would be construed as material information to the case. 5. An acknowledgement with respect to the claim intimation is given to the insured, once we are in receipt of any claim intimation from the insured. 6. Based on the information submitted in the claim intimation letter, if required, we may procure more information from the insured depending on the facts mentioned therein, upto the satisfaction of the Company. 7. Surveyor / Investigator may be appointed if required. <p>This requires that when a Surveyor is considered for appointment the following factors should be looked at:</p> <ul style="list-style-type: none"> • The nature of loss • The nature of material lost • The geographical location of the loss • The Surveyors credentials, which would comprise of: <ul style="list-style-type: none"> o His qualifications o His experience o The quantum of loss ascertained by him in earlier surveys o His Certification by IRDA <ol style="list-style-type: none"> 8. Apart from surveyor/investigator, opinions of legal experts are sought, if required. 9. Based on the investigation and documentations provided, the decision with respect to the claim would be taken and accordingly conveyed to the insured

1. 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. Discharge Card / Day Care Summary / Transfer Summary
- vi. Final hospital bill with all deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. 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 diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre

- x. All 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. 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 Claimant carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Claimant ***
 - 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 Insured Person, the same document requirement would be for nominee/legal heir of Insured Person(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

2. 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

3. 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. The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iii. In the case of delay in the payment of a claim, the **Company** shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- iv. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall 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** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- v. In case of delay beyond stipulated 45 days, the **Company** shall be liable to pay interest to the **Policyholder/Insured Person** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- vi. 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.
- vii. 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.
- viii. **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.

Contact Us

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