

**Bharat Griha Raksha Policy**

**I. Claims Notification**

In the event of **loss** and/or damage or claim which may reasonably give rise to a claim under this Policy:

- a. The Insured shall notify the Company as soon as reasonably practicable but not later than Number of days specified on the Policy Schedule, after the occurrence of an Insured Peril or the discovery of an Insured event in the Area of Coverage which may reasonably likely to give rise to Claim under the Policy in the Form of “Event Notice” containing particulars sufficient to identify the loss and/or damage, claim or suit and also reasonably obtainable information with respect to the Policy Details, time, place and circumstances thereof as well as nature and extent of the loss or damage, and the details of contact person
- b. The Insurer shall verify the occurrence of Insured Peril in the Area of Coverage through various means and shall notify the acceptance/rejection of such occurrence to the Insured
- c. The Insured shall use all reasonable efforts to ensure that its rights in respect of an Insured Risk are properly and fully preserved and exercised, provided that nothing herein shall require the Insured to commence or institute legal, attachment or enforcement proceedings in the name of the Insured or otherwise if the Insured determines in good faith that taking such proceedings is likely to prejudice the Insured's reputation, finances or commercial prospects
- d. Take such measures as may be reasonable for the purpose of averting or minimising such loss or damage
- e. Do and concur in doing and permit to be done all such things as may be practicable to establish the cause and extent of the loss or damage
- f. Furnish any information and documentary evidence that The Company may require together with, if required, a statutory declaration of the truth of the claim
- g. Inform the Fire Brigade/ Police/ Local authorities where ever needed as per law of any loss or damage and render all reasonable assistance to the authorities

**II. Claims Processing**

**a) Appointment of Surveyors / Investigators / Experts**

Upon receipt of Loss notification, we may appoint Surveyors / Investigators / Experts as per prevalent acts / notifications or any other service provider to make safe the risk and prevent or minimize further losses.

Surveyors / Investigators / Experts will be allocated based on their certification (where required), experience and geographical suitability to ensure customers are serviced in a timely and efficient manner.

**Close Proximity**

Detailed Investigation should be immediately instituted when a loss occurs in close proximity, i.e. Within 5 days for all classes of insurances (except marine voyage policies), of the date of inception of risk. The close proximity mentioned here is in reference to new insurance or where there has been break in insurance.

**b) Claim Reserving**

1. After the Inspection has been done the surveyor/investigator/expert uploads or sends his initial loss advice / first status report for reserving the amount for the claim.
2. The reserve amount is created in the system based on the loss advice of the surveyor/investigator/expert or on the loss estimate provided by the insured, broker etc
3. The above mentioned documents are uploaded in the system by the claims team and the claim is sent for the reserve approval.
4. The reserve approval is done as per the financial limits of the concerned.

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5. After verification of the above the reserves are approved.
6. In cases of any discrepancies, clarifications are sought from the surveyor / investigator and then the reserves approved.

**c) Documents for assessment of Loss/Claim**

1. Completed Claim Form signed by the Insured
2. Survey Report with Photographs
3. Repair / Replacement invoices with payment receipt
4. FIR / Fire Brigade Report (wherever applicable)
5. Any other document required by the Company to prove the Loss
6. KYC documents for claim settlement when amount is above 1lakh.  
Disclaimer – We may ask for additional documents on case to case basis

**d) On Account Payment**

1. On Account payment is released as per the recommendation provided by the surveyor. The insured has to submit the minimum required documents for effecting on account payments. After the submission the surveyor submits a preliminary report recommending on account payment.
2. The on account payment will be subject to the admission of liability under the policy.
3. In cases wherein on account payment is made the same is deducted while making final payment.

**e) Payment of Claim**

On receipt of all the documents/information that is relevant and necessary for the claim, the **Insurer** within period of 30 days shall offer a settlement of the claim to the **Insured**. If the **Insurer**, for any reasons to be recorded in the writing and communicated to the **Insured**, decides to reject a claim under the Policy, it shall do so within a period of 30 days from the receipt of the final documents and/or additional information/documents as the case may be.

**f) Claims Rejection**

If there is a case wherein the claims have to be rejected as per policy terms, conditions or warranties, same is communicated to sales or the insured and the claim is closed as no claim. If any expense payment is there then the same is processed.

**g) Claims Reopening**

Claims can be re-opened by RCM with valid reason for re-opening. Following is the list of reasons for claim re-opening

1. Payment reissuance due to loss /misplaced / expired cheque
2. Correction in Insured Name ( spelling mistake in policy )
3. Processing of Expense fees (Investigation / Recovery Agent /Misc. expense etc. )
4. Data entry errors by surveyors ( Short payment due to missed out of parts )
5. Salvage / marine recovery entries

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6. System errors ( for eg: TDS / liability calculations / system not allowing for claim processing / claim processed on different policy )
7. Submission of documents after closure of claims, on receipt of additional information / documents in support of the claim, submission of marine declarations etc.
8. Re-considering of claim after request from customer through CEM / IRDA / Ombudsman / Consumer forum / Courts etc.

To make recovery entries in case recoveries from third party.

**III. Processing of Payment**

1. Once approved the claim is submitted to the cheque generation queue. The claims from the cheque generation are selected for payments(Cheques / DD / Electronic Fund Transfer)
2. The TAT for this is 24 hrs
3. Upon payment by the Company to the Insured, the Company shall be released of all liability to the Insured under this Policy in respect of that Loss

**IV. Approval Authority**

Limits for Claim Payments and Reserves are as per the Delegation of Authority Matrix of the Company. Claim Rejection are approved by RCMs.

**a) Condonation of Delay**

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the Insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the Insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

**b) Time Limit**

The Company is not liable for any loss or damage after the expiration of 12 months from the discovery of the loss or damage unless otherwise agreed in writing or the claim is submitted to a court or arbitration panel within the time prescribed therefore in accordance with applicable law.

The Insurer agrees that any action or proceeding against them for the recovery of any claim under or by virtue of this insurance shall not be barred if commenced within the time prescribed therefore in accordance with applicable law.

**c) Penal Interest**

In the event the claim is not settled within 30 days or in case of any investigation from the date of receipt of last relevant and necessary document from the insured/claimant, we shall be liable to pay interest at a rate, which is 2%

above the bank rate from the date of receipt of last relevant and necessary document from the insured/claimant till the date of actual payment.

\*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.

\*In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

\*Applicable in case of Personal Accident Claims.

**d) Rectification of policy after a loss**

Rectification of policy after a loss is reported for reasons other than breach of condition / warranty should be carried out as Underwriting Manual

**e) Contact Details for Claims Process**

Claims Department  
HDFC ERGO General Insurance Company Limited  
6th Floor Leela Business Park  
AndheriKurla Road, Andheri East  
Mumbai-400059  
India

Claim can also be notified digitally by sending an email with complete description of loss to: [care@hdfcergo.com](mailto:care@hdfcergo.com) or a call at 022 – 6234 6234

**f) Contact Details for Grievance, Ombudsman**

In case Insured is not satisfied with the response, wish to lodge the complaint, they may:

- Call our 24X7 Toll free number 022 – 6234 6234 from any Landline & Mobile.
- email us to our customer service desk at [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)

For further details of the grievance redressal procedure we request to refer the below link:

<https://www.hdfcergo.com/customer-care/grievances.html>

**V. Claim Servicing TATs**

Action	Timeframe
First Contact	Immediately upon receipt of intimation but not later than 2 working days
Inform the Insured /claimant of the essential documents and other requirements/ submission in support of claim	Within 7 days of the claim intimation
Allocation of Surveyor/ Investigator/Expert	Immediately – up to 2 working days from date of receipt of information for requirement of investigation
Inspection of Loss	Within 48 hours of appointment
Submission of Interim Survey Report	Not later than 15 days from the date of first visit of the Surveyor
Submission of Final Survey Report	Within 30 days of appointment. In case of commercial & large risk report to be submitted within 90 days from the date of appointment. In case of exceptional circumstances or claim being complicated in nature, Surveyor may seek extension.
Claim Settlement	Within 30 days of receipt of assessors/surveyor's final report and last relevant document / information relevant and necessary for the claim.
Declinature Letter	Within 30 days of receipt of final documentation including Surveyors / Investigator's report / clarifications.
Grievance Redressal – Notification	Immediately provide customer with grievance reference Id and advise next steps
Grievance Redressal – acknowledgement	Within 3 days of receipt of the grievance