

# HDFC ERGO General Insurance Company Limited



## INDIVIDUAL PERSONAL ACCIDENT - CLAIM FORM

### Claimant's Statement

#### INSURED INFORMATION

Insured's Name:	_____		
Insured's Address:	_____		
Mobile No.:	_____	Alternate No.:	_____
Email Id:	_____	Policy Number:	_____
Period of Insurance	_____ To _____	Insured Profession:	_____
Name and address of employer:	_____		

#### ACCIDENTAL DEATH & PERMANENT DISABILITY

Date of accident:	_____	Place accident occurred:	_____
Particulars of the accident /Description of accidental details _____			
Was the accident related to the Insured's occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Whether reported to Police station	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, police station Name	_____
In case hospitalized list the name and address of all treating physicians and hospital _____			
Please indicate whether claim is in respect of (tick boxes)	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Permanent Total Disability		
<b>For Accidental Death</b>	Date Of Accident: _____	Place Of Death:	_____
For child education Benefit: Provide details of dependent child (If applicable)			
Date Of Birth Child 1	_____	Date Of Birth Child 2	_____
<b>For Permanent Total Disability</b>			
Details of permanent disablement: _____			

#### ACCIDENTAL HOSPITALIZATION / HOSPITAL CASH

Date of accident:	_____	Time accident occurred:	_____	Place accident occurred:	_____
Date of admission:	_____	Date of Discharge:	_____		
Particulars of the accident /Description of accidental details _____					
Please describe the nature of Insured's injuries _____					
Name and address of all treating physicians and hospital _____					
City:	_____	State:	_____	Pincode:	_____
Phone:	_____				
Whether reported to Police station	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, police station Name	_____		

#### TEMPORARY TOTAL DISABLEMENT /BROKEN BONES /ACCIDENTAL INJURY

Date of accident:	_____	Time accident occurred:	_____	Place accident occurred:	_____
Date of admission:	_____	Date of Discharge:	_____		
Particulars of the accident /Description of accidental details _____					
Whether reported to Police station	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes police station Name	_____		
Details of Temporary disablement _____					
Dates of Temporary disablement:	From: _____	To: _____	_____		
Name and address of all treating physicians and hospital _____					
City:	_____	State:	_____	Pincode:	_____
Phone:	_____				
Date Insured able to return to work: _____					

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

Claimant's Name \_\_\_\_\_  
Relationship to Insured \_\_\_\_\_ Claimant's Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Pincode: \_\_\_\_\_  
Mobile \_\_\_\_\_ Alternate no \_\_\_\_\_

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Signature of claimant

**HDFC ERGO General Insurance Company Limited**



**Consent for Mode of Claim Payment**

Name of Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

Claim Number \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Mode Of Payment  Cheque  Fund Transfer

(Please tick for mode Of payment)

Please fill in the fund transfer details

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Branch Name \_\_\_\_\_

IFSC Code \_\_\_\_\_ Email Address \_\_\_\_\_

Attachments  Cancelled Cheque  Bank Passbook Copy

In support of bank Details  
(Please tick the type of proof submitted)

Declaration: I \_\_\_\_\_

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: \_\_\_\_\_



## **Individual Personal Accident - Claim Document Checklist**

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

**\*Photocopy of Aadhaar Card /Aadhaar Card number is mandatory for all claims**

### **Personal Accident - Death**

- Duly filled and signed Claim Form
- FIR from Police station/ Medico legal certificate from hospital (MLC Copy)
- Post Mortem Report, Inquest Panchnama
- Cause of death Certificate from treating doctor
- Death Certificate from Municipal Corporation
- Histopathology or Chemical viscera or blood analysis report from the hospital (If done)
- KYC form and KYC documents (ID and address proof e.g Pan card/Aadhaar card/Ration card/Passport etc.)
- Original cancelled cheque with name of Nominee printed on cheque is required. If name is not printed on cheque please attach first page of bank passbook / Bank statement with stamp

### **Personal Accident - Permanent Disability**

- Duly filled and signed Claim Form
- FIR from Police station/ Medico legal certificate from hospital (MLC Copy)
- Disability Certificate from Government Hospital
- All treatment papers and Investigation report from hospital
- Photograph with disable part
- KYC form and KYC documents (ID and address proof e.g Pan card, Aadhaar card, Ration card, Passport etc.)
- Original 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 bank stamp

### **Accidental Hospitalization Benefit /Hospital cash benefit**

- Duly filled and signed claim form
- FIR from Police station/ Medico legal certificate from hospital (MLC Copy)
- Copy of discharge summary of hospitalization, if any
- KYC form and KYC documents (ID and address proof e.g Pan card, Aadhaar card, Ration card, Passport etc.)
- Original Hospital Final Bill with payment receipt, Original Medicine Bills, Prescriptions. Original Investigation reports and bills
- Original cancelled cheque with Payee name (Insured / Nominee) name printed on cheque is required. If name is not printed on cheque please attach first page of bank passbook /Bank statement with bank stamp

### **Temporary total disablement /Broken bones /Accidental injury**

- Duly signed filled claim form
- Discharge card / summary from hospital
- Investigation report like X-RAY / MRI / CT scan etc if any
- Fitness certificate from treating doctor
- Leave certificate from employer (If or are salaried) or ITR of last 2 yrs if business men
- KYC form and KYC documents (ID and address proof e.g Pan card, Aadhaar card, Ration card, Passport etc.)
- Original 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