





**CLAIMANT INFORMATION**

1. Claimant's name: \_\_\_\_\_
2. Relationship to insured: \_\_\_\_\_
3. Claimant's Address: \_\_\_\_\_
4. Date: \_\_\_\_\_ Place: \_\_\_\_\_

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

**CONSENT FOR MODE OF CLAIM PAYMENT**

1. Beneficiary Name: \_\_\_\_\_
2. Mode of Payment
- Please fill in the fund transfer details: \_\_\_\_\_
  - Insured's Name as per Bank Account: \_\_\_\_\_
  - Bank Account Number: \_\_\_\_\_
  - Branch Name: \_\_\_\_\_
  - IFSC Code: \_\_\_\_\_
  - Email address: \_\_\_\_\_
  - Attachments: Cancelled Cheque Bank / Passbook Copy

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

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

Signature of the claimant and seal: \_\_\_\_\_

**Personal Accident claim document checklist**

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

- 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)
- 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
- Disclaimer – We may ask for additional documents on case to case basis.

In case of claim or generally, the Company may be contacted at the following address:

**HDFC ERGO General Insurance Company Limited**

6th Floor Leela Business Park  
Andheri Kurla Road, Andheri East  
Mumbai-400059.