HDFC ERGO General Insurance Company Limited



GROUP MEDICLAIM INSURANCE

Place:

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1. Nature of sickness/ dise	eaes/ i	njury c	laim	ned fo	r:																																		
Date on which Injury wa	as sus	tained	or d	diseas	se or	r illne	ss fir	rst d	etect	ted:	D	D	N	1 1	1	Y	YY	Υ							Dat	te o	f firs	t co	nsu	Itati	ion:	D) D		M	Л	Υ	Y \	YY
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2 Have you had any prior	2. Have you had any prior treatment for this or related conditions? Yes No																																						
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3. Are you making an	ny oth	er ins	ura	ınce	clai	im a	s a	res	ult o	f th	nis h	108	spita	aliz	atic	n/s	surg	ery	/?: [Yes	S		N	Ю														
Name of Insurance	e Con	npany	<i>y</i> : [Т																											П	П	Т	Т	T	T		
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4. Was the hospitaliza	ation/	surge	erv	a re	sult	of a	an a	ccio	dent	?		١	⁄es			N	0																						
5. Place of Accident:				-	\top			_			H	_			П			Т		_			1			ח	ate	of.	Δα	ride	ant:	. [-) I D	ПП	мТ	лГ	Y	Y	y y
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Date of Admission:	: D	D M	M] [Y]	Υ	Y			D	ate	ot	Di	sch	arg	je:	D	D	M	M	Y	Υ	Υ	Υ																
7. CLAIM QUANTUM	1 :																																						
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(If space is insufficient, please attach separate list) In support of the above claim, I enclose the following original documents (Please tick)																																							
Hospital Discharge Card																																							
☐ Hospital Discharge Card ☐ Bills, Cash Memos, Receipt from Hospitals																																							
Cash Memos, Receipts from Pharmacists, Pathology and Investigation Centres																																							
 ☐ Bills, Cash Memos, Receipts from attending Doctors, Surgeons, Anesthetists ☐ Doctor's prescriptions for medicines, pathological tests, hospitalisation, surgery, physiotherapy 																																							
☐ Doctor's prescriptions for medicines, patriological tests, hospitalisation, surgery, physiotherapy ☐ Any other documents. Please specify																																							
I/We the above named, do her				,	_	wled	ne an	d he	lief w	arra	ant th	e tr	uth o	of the	e fore	ione	ina sta	tem	ent in) eve	erv re	sne	ct ar	nd I/	Wea	agre	e tha	at if I	/We	hav	e m	ade	orin	n an	v fur	ther	decla	aratio	on the
Company may require in respe	ect of th																																						
future claims shall be forfeited.	1.																																						
I/We hereby understand, decla																																							
made under the Policy. I/We he	iereby a	iso und	ersta	and, d	eclar	e and	cons	sent	that th	ne C	omp	any	/shal	II ha	ve riç	ght t	to reta	ın a	nd dis	sen	ninat	e the	e sam	ne to	any	/ sei	rvice	prov	/ider	for	prov	ıdin	g se	rvice	es re	lated	ı to ir	nsura	ance.
AUTHORISATION LHERERY ALITHORISE on behalf of the nation: (1) Any employer medical practitioner hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any																																							
I HEREBY AUTHORISE on behalf of the patient: (1) Any empl oyer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the patient and/or who has attended or may hereafter attend the patient to disclose such information to HDFC ERGO General Insurance Company; (2) HDFC ERGO General Insurance Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of the patient in relation to this claim. This authorisation																																							
Company or any of its appoint shall bind the patient's success																																tion	to th	nis cl	aim.	This	s aut	horis	sation
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ATTENDING PHYSICIAN INFORMATION

CHECKLIST

- Duly filled and signed Claim Form with HDFC ERGO policy number
 Original Discharge Summary
 Original final bill with detailed breakup and payment receipt
 Original Investigation reports (eg. blood reports, X-Ray, etc)
 NEFT details for payment: Cancelled cheque in the name of the Proposer or passbook copy attested by bank
 All original bills and pharmacy invoices supported by prescriptions
 Implant sticker/invoice, if used (eg. for stent in angioplasty, lens cataract, etc.)
 Past Treatment documents if any

- Past Treatment documents, if any In cases of Accident, Medico Legal Certificate (MLC) or FIR
- Other relevant documents, if any

HDFC ERGO General Insurance Company Limited



Consent for Mode of Claim Payment

Stamp Required in case of Company

Name of Inquired		
Name of Insured		
Policy Number		
Claim Number		
Beneficiary Name		
Mode of Payment Check (Please tick for mode of payment)	que	
	(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 In Support of Bank Details (Please tick the type of proof submitted)	Cancelled Cheque Bank Passbook Copy	
Signature of Beneficiary	_	Date: DD MM YYYY