HDFC ERGO General Insurance Company Limited



INDIVIDUAL PERSONAL ACCIDENT - CLAIM FORM

Claimant's Statement

	INSURED INFORMATION					
Inquired's Names						
Insured's Name: Insured's Address:						
Mobile No.:	Alternate No.:					
Emaiil Id:	Policy Number:					
Period of Insurance	To Insured Profession:					
Name and address of employer:						
A COURTAIN DE ATH A REPMANENT DIGARULTY						
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? Yes No						
Whether reported to Police	ce station Yes No If yes, police station Name					
In case hospitalized list th	ne name and address of all treating physicians and hospital					
Please indicate whether of	claim is in respect of (tick boxes) Accidental Death Permanent Total Disability					
For Accidental Death	Date Of Accident: Place Of Death:					
For child education Bene	fit: Provide details of dependent child (If applicable)					
Date Of Birth Child 1	Date Of Birth Child 2					
For Permanent Total Dis	sability					
Details of permanent disa	ablement:					
	ACCIDENTAL HOSPITALIZATION / HOSPITAL CASH					
Date of accident:	Time accident occurred: Place accident occurred:					
Date of admission:						
Particulars of the acciden	nt /Description of accidental details					
Please describe the natur	re of Insured's injuries					
Name and address of all	treating physicians and hospital					
City:	State: Pincode: Phone:					
Whether reported to Police	ce station Yes 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:					
	nt /Description of accidental details					
Whether reported to Police	ce station Yes No If yes police station Name					
Details of Temporary disa						
Dates of Temporary disal						
Name and address of all treating physicians and hospital						
City:	State: Pincode: Phone:					
Date Insured able to return	rn to work:					

Relationship to Insured Claimant's Address Pincode: Alternate no Date: Place: Date: Place: Signature of claimant Figure of Claim Payment Folicy Number Claim Number Deneficiary Name Adde Of Payment Cheque Fund Transfer Please tick for mode Of payment) (All Fields are Mandatory in case of Fund Transfer) Insured's Name as per Bank Account Bank Account Number Bank Account Operation of bank Denills Please tick the type of proof submitted) Declaration: I Inderdigated, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment age	Claimant's Name			
State: Pincode:	Relationship to Insured	Clair	nant's Address	
Alternate no				
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Signature of Beneficiary

Stamp Required In case of Company

Date:

HDFC ERGO General Insurance Company Limited



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 3.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