



INDIVIDUAL PERSONAL ACCIDENT - CLAIM FORM

Claimant’s Statement

- Track your Claim Status
- Please share the copy of claim document at the time of submission. Original documents are required only for Hospitalisation due to accident.
- Provide your Mobile Number and E-mail ID to get Claim Updates
- Duly filled NEFT (National Electronic Funds Transfer) form
- Duly Filled KYC (Know Your Customer) form and KYC documents (ID and address proof e.g PAN Card, Aadhaar Card, Ration Card, Passport etc) for all claims where in claimed about is ₹1 lakh and above

INSURED INFORMATION

Insured’s Name:

Insured’s Address:

Mobile No.:

Alternate No.:

Email Id:

Policy Number:

Policy Period

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?

 Yes No

Whether reported to Policy station

 Yes No

If Yes Police station Name

In case hospitalised list the names and addresses of all treating physicians and hospitals

Please indicate whether claim is in respect of (tick boxes)

 Accidental Death Permanent Total Disability

For Accidental Death

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

For Permanent Total Disability

Details of permanent disablement:

ACCIDENTAL HOSPITALIZATION / HOSITAL CASH

Date of accident:

Time accident occurred:

 AM/PM

Place accident occurred:

Date of admission:

Time of admission:

 AM/PM

Date of Discharge:

Total amount claimed:

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:

Does the Insured have any other Insurance?

 Yes No

If Yes , Attach list of details with type of policy and sum insured details

Whether reported to Policy station

 Yes No

If Yes Police station Name

TEMPORARY TOTAL DISABLEMENT /BROKEN BONES /ACCIDENTAL INJURY

Date of accident:

Time accident occurred:

 AM/PM

Place accident occurred:

Date of admission:

Date of Discharge:

Particulars of the accident /Description of accidental details

Whether reported to Policy station

 Yes 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

Pin Code

Mobile

Alternate no

Date:

Place:

Signature of the claimant

HDFC ERGO General Insurance Company Limited

Consent for Mode of Claim Payment

HDFC ERGO

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode 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

Branch Name

IFSC Code

Email address

Attachments

In Support of Bank Details

(Please tick the type of proof submitted)

Cancelled Cheque

Bank Passbook Copy

Declaration: I Mr./ Mrs/ Ms. _____
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 required for all claims**

Accidental Death

- Duly filled and signed Claim Form
- Death Certificate from Municipal Corporation
- FIR or MLC Copy
- Post Mortem Report or Cause of death certificate from treating doctor
- NEFT details for payment: Cancelled cheque copy in the name of nominee or bank statement/1st page of passbook copy attested by bank
- Last Income tax return (ITR)
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of nominee - Aadhaar card, Passport, Driving license, Voter ID, etc
- Blood analysis report or Histopathology or Chemical viscera (If done)

Personal Accident - Permanent Disability

- Duly filled and signed Claim Form
- Disability Certificate from Government Hospital
- All treatment papers and Investigation report
- FIR / MLC Copy
- NEFT details for payment: Cancelled cheque copy in the name of Payee (proposer) or bank statement/1st page of passbook copy attested by bank
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer) - Aadhaar card, Passport, Driving license, Voter ID, etc.
- Outstanding loan statement from financier in case of 100% disability*

Accidental Hospitalization Benefit /Hospital Cash Benefit

- Duly filled and signed Claim Form
- Discharge Card / summary
- Original Hospital Final Bill with payment receipt, Original Medicine Bills, Prescriptions and Original Investigation reports
- NEFT details for payment: Cancelled cheque copy in the name of Payee (proposer/nominee) or bank statement/1st page of passbook copy attested by bank
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer/nominee) - Aadhaar card, Passport, Driving license, Voter ID, etc
- FIR / MLC Copy (if done)

*Hospital Cash cover only for IPA

Temporary total disablement

- Duly signed filled claim form
- Copy of discharge card/summary
- Copy of investigation reports like X-RAY / MRI / CT scan etc
- Fitness certificate from treating doctor
- Leave certificate from employer (if salaried) / ITR of last 2 years (if own business)
- NEFT details for payment: Cancelled cheque in the name of Payee (proposer) or bank statement/1st page of passbook copy attested by bank
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer) - Aadhaar card, Passport, Driving license, Voter ID, etc

Broken Bones

- Duly signed filled claim form
- Copy of discharge card/summary
- Copy of investigation reports like X-RAY / MRI / CT scan etc
- NEFT details for payment: Cancelled cheque in the name of Payee (proposer) or bank statement/1st page of passbook copy attested by bank
- For all claims amounting ₹1 lakh and above: KYC form along with photocopy of any one KYC document of Payee (proposer) - Aadhaar card, Passport, Driving license, Voter ID, etc

Child Education (add-on with death)

- Birth Certificate of the child/ Aadhaar Card of the child/ Ration Card
- School ID card
- Copy of Fee receipt of school/college