HDFC ERGO General Insurance Company Limited



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

novide your Mobile Number and E-inal D to get Claim Opdates Duly filled NET (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			
sured's Name:			
sured's Address:			
obile No.:			
mail Id:			
Dicy Period Insured Profession:			
ame and			
ddress of employer:			
ACCIDENTAL DEATH & PERMANENT DISABILITY			
ate of accident: D M Y Y Y Y Place accident occurred: Image: Control of the second secon			
articulars of the accident /Description of accidental details			
as the accident related to the Insured's occupation? Yes No			
/hether reported to Policy station Yes No If Yes Police station Name			
a case hospitalised list the names and addresses of all treating physicians and hospitals			
lease indicate whether claim is in respect of (tick boxes) Accidental Death Permanent Total Disability			
or Accidental Death Date of accident: DDMMYYYY Place of Death:			
or child education Benefit: Provide details of dependent child (If applicable)			
ate of Birth Child 1 D D M M Y Y Y Y D Date of Birth Child 2 D D M M Y Y Y Y			
or Permanent Total Disability			
etails of permanent disablement:			
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HDFC ERGO General Insurance Company Limited. IRDAI Reg. No. 146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Health Claim Services Address: HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower - 1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh. Service No. 022 6158 2020/022 6234 6234. Email: healthclaims@hdfcergo.com. UIN: Personal Accident Insurance - HDFPAIP03002V010203.

	CLAIMANT INFORMATION - INSURED OR NOMINEE (NOMINEE ONLY IF INSURED IS EXPIRED)
Claimant's Name	
Relationship to Insured	Claimant's Address
City	State State Pin Code Pin Code
Mobile	Alternate no
Date: D D M M Y	YYYY
Place: Signature of the claiman	
	Signature of the claimar

HDFC ERGO General Insurance Company Limited



Consent for Mode of Claim Payment

Name of Insured	
Policy Number	
Claim Number	
Beneficiary Name	
Mode of Payment (Please tick for mode of pa	Cheque Fund Transfer ayment)
	(All Fields are Mandatory in case of Fund Transfer)
Insured's Name a Bank Account	is per
Bank Account Nu	mber
Branch Name	
IFSC Code	Email address Image: Comparison of the second sec
Attachments In Support of Bank De (Please tick the type o	

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
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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 required for all claims Accidental Death

- Duly filled and signed Claim Form
- Death Certificate from Muncipal 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 financer 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: vncelled 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