



SARV SURAKSHA - 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
- (The issue of this form is not to be taken as an admission of Liability)

DETAILS OF INSURED

Insured's Name

Date of Birth

Insured Address

City

State

Pin Code

Mobile No:

Alternate Contact No.:

Email id

Policy Number

Period of Insurance

Principal Outstanding on Loan

EMI

PLEASE INDICATE WHETHER CLAIM IS IN RESPECT OF SECTIONS

☐ Critical Illness

☐ Personal Accident

☐ Accidental Hospitalization Benefit

☐ Loss of Job

☐ Credit Shield

☐ Householder's Coverage

☐ Garage Cash

☐ Permanent Total Disability/Permanent Partial Disability

CRITICAL ILLNESS

Select one of the below against which claim is being made

☐ Heart Attack (Myocardial Infarction)

☐ Coronary Artery Bypass Surgery

☐ Stroke

☐ Cancer

☐ Aorta Graft Surgery

☐ Kidney Failure

☐ Major Organ Transplantation

☐ Multiple Sclerosis

☐ Paralysis

☐ Primary Pulmonary Arterial Hypertension

Date of first Diagnosis /Occurrence

Details about onset, duration and diagnosis of disease/ sickness/ illness

Place of Sickness/Injury/Accident

Please list the names and addresses of all treating physicians and hospitals

Name

Street Address

City

State

Pin Code

Phone

PERSONAL ACCIDENT & CREDIT SHIELD

Date of accident

Time accident occurred:

Place accident occurred:

Particulars of the accident / Description of accidental details

Insured's Profession

Names and addresses of treating physicians and hospitals

Name

Street Address

City

State

Pin Code

Phone

Whether reported to Policy station

If Yes Police Station Name

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 Permanent Total Disability/Permanent Partial Disability

Details of permanent disablement

ACCIDENTAL HOSPITALIZATION BENEFIT

Date of accident

Time accident occurred:

Place accident occurred:

Date of admission:

Date of Discharge:

Total amount claimed:

Particulars of the accident / Description of accidental details

Name and address of all treating physicians and hospital

City:

State:

PinCode:

Phone:

Does the Insured have any other Insurance?

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

Whether reported to Policy station

If Yes Police Station Name

LOSS OF JOB

Name of the Employer

Employer Address

City

State

Pin Code

Companies HR Email id

Designation

Department

Date of Joining the Organization

DDMMYYYY

Date of Termination / Suspension

DDMMYYYY

Cause of termination / suspension

HOUSEHOLDER COVERAGE

Date of Loss

DDMMYYYY

Time accident occurred:

HH

MM

AM/PM

Place accident occurred:

Nature and Cause of Loss (Please describe the circumstances leading to the loss)

If insured is not sole owner, the nature of his/their Interest in the property and details of other interests

Whether Loss intimated to i) Police

☐ Yes

☐ No

ii) Fire Brigade

☐ Yes

☐ No

(Copies of the FIR Report to be submitted.)

Affected Property/Damaged Items

Estimated Loss (Repairs/ Replacement Cost if available)

Please Attach your Detailed Claim Bill & Supporting Documents with Claim Form

GARGE CASH

Date of Accident

DDMMYYYY

Time of accident:

HH

MM

AM/PM

Date when car was sent to garage

DDMMYYYY

Date of Car delivered to Insured

DDMMYYYY

CLAIMANT INFORMATION (IF DIFFERENT THAN "INSURED INFORMATION" ABOVE)

Claimant's Name

Relationship to Insured

City

State

Pin Code

Phone Number (Off)

Mobile

Age

I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the insured to release any information requested regarding this claim and the loss reported. I understand this information will be used by HDFC Ergo General Insurance, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

I/We hereby understand, declare, consent and authorise the Company that personal health details, medical history and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Place

Date

DDMMYYYY

Sign of authorized person

HDFC ERGO General Insurance Company Limited

Consent for Mode of Claim Payment

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 Number

Branch Name

IFSC Code

Email address

Attachments

In Support of Bank Details

Cancelled Cheque

☐

Bank Passbook Copy

☐

(Please tick the type of proof submitted)

\*Copy of cancelled cheque with payee name printed. If name of payee is not printed, on the cheque please attach copy of the first page of bank passbook

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

DDMMYYYY

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. Corporate Claim Services Address: HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai - 400 059, Ph - 022 6638 3600. UIN: Sarv Suraksha Policy - HDFPAIP10004V010910.



**Sarv Suraksha - 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**

**Major Medical Illness (Critical Illness)**

- Duly filled and signed Claim Form
- Investigation Reports and other related documents reflecting Critical Illness diagnosis
- NEFT details for payment: Cancelled cheque copy in the name of Payee (proposer/ nominee) or bank statement/1<sup>st</sup> 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
- Copy of discharge card /death summary

**Accidental Hospitalization 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/1<sup>st</sup> 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

**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/1<sup>st</sup> 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 nominee - Aadhaar card, Passport, Driving license, Voter ID, etc
- Blood analysis report or Histopathology or Chemical viscera (If done)

**Credit Shield**

- All documents of PA Accidental Death
- EMI Repayment schedule from HDFC LTD/HDFC bank

**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/1<sup>st</sup> 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\*

**Dependent Child Education Benefit**

- All documents of PA Accidental Death
- Ration Card Copy/ Birth Certificate
- Certificate from the school/ college where dependent child is studying/ Fee receipt of school & collage
- School ID card

**House Holder Coverage**

**Theft / Burglary**

**Duly filled and signed claim form**

- Police FIR copy
- Police Final Report Copy
- List of theft/stolen items with Cost
- Bills/Invoice of items theft/stolen
- KYC form and KYC documents (ID and address proof e.g Pan card/ Aadhaar card/ Ration card/ Passport etc.)
- Copy of 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

**Fire**

- Claim Form duly filled & signed.
- Copy of FIR and complaint letter to Police Authorities mentioning the loss incident in detailed, if filed with police authorities.
- Copy of claim intimation to insurer.
- Your claim bill mentioning Items Claimed, Quantities Claimed and their Rates, along with repair/reinstatement cost supporting & proof of payment.
- Fire Brigade Report in case it is summoned and if not the reason for the same.
- Supporting documents such as Fixed asset register giving the capitalization details in order to arrive at the Value At Risk at the time of loss.

**Loss of Job**

- Duly filled and signed claim form
- Copy of Termination letter issued from the employer with the reason for termination/ suspension/ dismissal/ retrenchment
- Copy of Appointment letter of the last organization from where termination has been done along with the terms and conditions of employment
- EMI confirmation statement from HDFC LTD / HDFC Bank LTD from where the loan is granted. New employment letter
- If currently employed, then new employment letter along with the terms and conditions of employment
- Last three months salary slips
- Copy of Outstanding Loan/Bank Statement from HDFC Ltd
- KYC form and KYC documents (ID and address proof e.g Pan card/ Aadhaar card/ Ration card/ Passport etc.)
- Copy of 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

**Garage Cash**

- Duly filled and signed claim form.
- Copy of Motor insurance policy
- RC copy
- Copy of surveyor's report from motor insurance company
- Copy of repair bill
- Copy of repair estimates /Job Card (Vehicle in-date & Vehicle out-date)
- Copy of driving license