

# HDFC ERGO General Insurance Company Limited



## HOME SURAKSHA PLUS – CLAIM FORM

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

### DETAILS OF INSURED

Insured's Name

Insured Address

City  State

Pin Code  Phone  Mobile  Alternate Contact No.:

Email ID

Policy Number  Period of Insurance : From         to

Loan Account Number  Principal Outstanding amount  EMI

Does Insured have any other Insurance? Yes  No

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

### PLEASE INDICATE THE SECTIONS AGAINST WHICH CLAIM IS BEING MADE

Fire Allied perils / Theft & Burglary  Personal Accident - Death  Loss of Job  PA - Permanent Total Disablement

Child Education  Major Medical Illness

\*Child Education is an Add-On benefit with Accidental Death cover

### FIRE & ALLIED PERILS / THEFT & BURGLARY

Date of loss         Time of loss     AM/PM Place of loss

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

Is the Insured the Sole Owner of the property damaged or destroyed Yes  No

If No, nature of his interest in the property

Whether Reported to Public Fire Brigade /Police were informed? Yes  No

If yes, Please enclose the certificate from the Fire Brigade/ F.I.R from Police

Affected Property/Damaged Item

Estimated Loss (Repairs/ Replacement Cost if available)

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

### MAJOR MEDICAL ILLNESS

Select one of the below against which claim is being made

Cancer  Major Organ Transplant  Stroke  End Stage Renal Failure  Paralysis

Heart Valve Replacement  Multiple Sclerosis  Coronary Artery Bypass Graft  Myocardial Infraction

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

Date of first Diagnosis /Occurrence         Diagnosis Details

Name and Address of the attending Medical Practitioner

Name & Address of treating hospital / doctor

City  State  Pin Code

Incase illness resulted to death please provide Date of Death         Place of death

### PERSONAL ACCIDENT

Date of accident         Time of loss     AM/PM Place of accident

Particulars of the accident /Description of accidental details

Insured's profession

Name & Address of treating hospital / doctor

City  State

Pin Code  Phone  Mobile

Whether reported to Police authorities: Yes  No  Police station Name

Please indicate whether claim is in respect of: Accidental Death  Permanent Disability

**For Accidental Death** Date of accident:  Place of Death:

For child education Benefit: Provide Date of birth of Dependant child

Child 1  Child 2

**For Permanent Total Disability/Permanent Partial Disability**

Details of permanent disablement

### LOSS OF JOB

Name & Address of employer

City  State  Pin Code

Companies HR email id  Designation

Department  Date of Joining the Organization  Date of Termination / Suspension

Cause of termination / suspension

### 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

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.

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.

Place

Date

Signature

## 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 Canceled Cheque  Bank Passbook Copy

In Support of Bank Details (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

## Home Suraksha - 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**

### Major Medical Illness

- Duly filled and signed Claim Form
- **Documents required from the Hospital:**
  - Copy of discharge summary of hospitalization, if any
  - A medical certificate confirming the diagnosis of Critical illness from a doctor not less qualified than MD/MS
  - Investigation Reports and other related documents reflecting Critical Illness diagnosis (Original)
  - First consultation letter and subsequent prescriptions
- Outstanding Loan Statement from HDFC Ltd/HDFC Bank
- 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 of Insured or Nominee (If insured is expired/died), 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

### 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
- Outstanding loan statement from the HDFC Ltd
- 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

### 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

### Standard allied perils/theft & burglary

#### 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.)
- 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

#### 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.)
- 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