HDFC ERGO General Insurance Company Limited



CRITICAL ILLNESS - CLAIM FORM

Name

Name

(Issuance of this form does not amount to admission of any liability or a waiver of any of the terms and conditions of the insurance contract.) Please give the following information correctly and completely to enable us to process your claim promptly 1. Policy Number (in full) 2. HDFC ERGO Card No. (In case of Child Day 1 cover, please add the Card Number of the mother) 3. Name of the Insured (in whose name policy is issued) Mr. / Ms. / Mrs. 4. Details of the insured person (in respect of whose claim is made) i) Name of the Insured person: Mr. / Ms. / Mrs. ii) Relationship with the Insured iii) Date of Birth / Age DOB iv) Occupation v) Current Residential Address & Contact Details Address City State Sex: Male Female Tel.(Res.) (Off.) Mobile E-mail 5. Have you previously from or received any treatment for the related illness? If yes, give complete details: _ 6. Date on which disease or illness frst detected DDMMYYYYY 7. Details of treatment received including dates of outpatient or inpatient: 8. Details of the doctor Mr. / Ms. / Mrs. Address Qualifcation City Pincode Sex: Male Female State Mobile (Off.) Tel.(Res.) STD Code 9. Please give names and contact details of all doctors whom you have consulted Tel.(Res.) Name STD Code Name Tel.(Res.) Tel.(Res.) Name STD Code

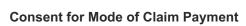
Tel.(Res.)

Tel.(Res.)

STD Code

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10. Please tick as $(\sqrt{\ })$ specifying the type of Critical Illne	SS
1. Cancer	
2. Coronary Artery (Bypass) Surgery	
3. Heart Attack (Myocardial Infarction)	
4. Kidney Failure (End Stage Renal Failure)	
5. Major Organ Transplantation	
6. Multiple Sclerosis	
7. Paralysis	
8. Stroke	
9. Aorta Graft Surgery	
10. Primary Pulmonary Arterial Hypertension	
11. Heart Valve Replacement	
12. Benign Brain Tumor	
13. Parkinson's Disease	
14. Alzheimer's Disease	
15. End Stage Liver Disease	
11. No. of documents submitted including this CLAIM FOR	:M
	Declaration
I hereby warrant that:	
(1) I have read and understood General Conditions 3 of th	is policy, and
(2) That the foregoing particulars are true and complete in	all material respects, and
(3) There is no other insurance in force in respect of that n	nay apply to this claim.
	m admissible as per terms, conditions and limitations of the policy. I consent and authorise HDFC ERGO General Insurance tion from any hospital/Medical practitioner who has at any time attended concerning the claim.
Place	Data
Place	Date
	Signature of the Claimant / Insured
If any claim is in any manner dishonest or fraudulent, or is	supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf
of You or an Insured Person, then this Policy shall be void	and all benefits paid under it shall be forfeited.
C	Check List of Enclosures for Submission of Claim
Duly filled and signed Claim Form	
Photocopy of current year policy	
Copy of discharge summary of hospitalization, if any	
A medical certificate confirming the diagnosis of critical	illness from a doctor not less qualifed than MD/MS
Investigation reports/ other related documents reflecting	g the critical illness diagnosis
First consultation letter and subsequent prescriptions	
Original cancelled cheque with payee name printed on	the cheque is required. If name of payee is not printed on the cheque please attach copy of the first page of bank passbook

HDFC ERGO General Insurance Company Limited





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	as per	
Bank Account Nu	mber	
Branch Name		
IFSC Code	Email address	
Attachments In Support of Bank De (Please tick the type o	tails Cancelled Cheque Bank Passbook Copy froof submitted)	
Signature of		Date: DD MM YYYYY