## HDFC ERGO General Insurance Company Limited



## **GROUP MEDICLAIM INSURANCE**

Place:

										IN	SU	RE	D'§	S IN	FO	RM	ATI	ION	J																	
Name of Policyholder:																																<b>—</b>				
Policy No.:																. (	Cert	ifica	ite N	No.:						_				(lf a	appl	licabl	e)			
										CI	AI	MA	NT	ΓIN	FO	RM		ON												`	•••		,			
Name of Patient:																																				
Occupation:													C	Date	e of	Birt	h:			M	М	Y	Y	Y	Y		Pre	esei	nt c	om	plet	ted a	age	:		
Address and phone number:																																				
Relationship to the Policyholder:	Me	ember	r/ Emp	ploy	ee				S	ροι	lse				De	epen	dent	t Ch	ild					Depe	ende	nt N	lothe	er				De	pend	lent	Fath	er
1. Nature of sickness/ dise	aes/ injur	ry clai	imed f	for:																																
Date on which Injury wa	as sustain	red or	r dise;	ase	or illr	iess f	irst d	etect	ed:	D	D	M	M	γ	Y	Y	Y						Ľ	Date	of fi	irst c	cons	ultat	ion:	D	D	M	М	Y	Y	ΥΥ
Name of Doctor:															-																-	T				
Address, Phone No.																	- 																			
of Doctor:																T	T	T	T													T	T			
Qualification of the Doc	tor consu	ilted:																																		
2. Have you had any prior	treatmen	t for t	his or	rela	ated c	ondit	ions	?	Ye	es			No	)																						
Name of Doctor:																																				
Address, Phone No	).																															+				
of Doctor:				+												+	+		+							+						+	<u> </u>		+	
Qualification of the	Doctor:	:	<u> </u>	T						T	T		T						T	7								Da	ate:	D	D	M	M	Y	Y	Y Y
															,				_				1													
3. Are you making any			rance	e cla	aim	as a	res	ult o	t thi	s r	ios	pita	aliza	atioi	n/sı	urge	ery'?	: [	_	Yes	\$		N	0												
Name of Insurance	Compa	any:																																		
Policy No.:																																				
4. Was the hospitaliza	ation/ su	irger	y a r	esu	ilt of	an a	acci	dent	?		Y	es			No																					
5. Place of Accident:																									Dat	e o	f Ac	cide	ent	D	D	Μ	М	Y	Y	ΥΥ
6. Details of hospitalisation:																																				
Name of Hospital/ N	Nursing	Hon	ne:																																	
Address:																																				
Date of Admission:	DD	M	MY	Ý	Y	Y		D	ate	of	Dis	cha	arg	e:	D		M	M	Y	Y	Y	(														
7. CLAIM QUANTUM:	:																																			
Date			Ν	atu	ire of	fexp	oens	ies i	ncu	rre	d									Bille	ed E	Зy								Ar	noı	unt (	₹)			
															_											_										
															+											-										
(If an and in insufficia	ant pla			h a		rata	liet)													Т	otal															
(If space is insufficie					•			riai		doc		200	to (		~~~	tial	0																			
In support of the above Hospital Discharge		ren	CIOSE	e in	e ioi	IIOWI	ng c	ngi	iai (	100	un	ien	is (	Pie	ase		()																			
Bills, Cash Memos,		ot fro	m He	osp	itals																															
Cash Memos, Rece							nolo	gy a	nd l	nv	esti	igat	tior	ı Ce	entre	es																				
Bills, Cash Memos,	•					•																														
<ul> <li>Doctor's prescriptio</li> <li>Any other document</li> </ul>					atho	logio	cal to	ests	, ho	spi	tali	sat	ion	, su	rge	ry, p	bhy	sio	the	rap	у															
I/We the above named, do here			•	• _	nowle	c anh	nd ho	liof w	orror	nt th	o tru	ith of	ftho	fore	noinc	n etat	omo	ntin	01/0	rvro	enor	t and	41//		uroo f	thati	f I/\//	ohav	م m	ada	orin	anvf	urthe	rdor	larati	ion the
Company may require in respe future claims shall be forfeited.																																				
I/We hereby understand, decla																																				
made under the Policy. I/We he	ereby also i	unders	stand,	decl	are ar	nd cor	nsent	that th	ne Co	mpa	any	shall	Ihav	/e rigl	ht to i	retaiı	nano	d dis	sem	inate	e the	same	e to a	anys	ervio	ce pr	ovide	erfor	prov	riding	ser	√ices	relat	∋d to	Insur	ance.
AUTHORISATION I HEREBY AUTHORISE on bel	halfofthe	natier	nt: (1) 4	\nv e	empl o	ver m	nedica	al nrac	titior	ner I	hosr	oital	clin	ic in	surar	nceir	omn	anv	har	nk av	overr	Imen	nt in s	tituti	on o	or oth	eror	nanio	satio	n ing	stitut	iono	ner	ion t	hath	asany
records or knowledge of the pa	atient and/o	or who	o has a	atten	ded or	r may	herea	after a	ttenc	the	, pat	tient	to di	isclos	se su	ich in	form	natio	n to	HDF	CE	RGO	Ger	neral	Insu	iranc	e Co	mpa	ny; (	2) HE	DFC	ERG	Ó Ge	enera	l Insu	irance
Company or any of its appointer shall bind the patient's success																														nion t	lo thi	s clai	m. II	iis at	itnori	sation
		_				-																				Γ										
Date: D D M M Y	Y Y Y	(																												Sign	atur	e of F	Patie	nt		

HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept 14, 2016 and L&T General Insurance Company Limited upto Sept 13, 2016). CIN : U66030MH2007PLC177117. Registered & Corporate Office: 1<sup>st</sup> Floor, HDFC House, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For more details on the risk factors, terms and conditions, please read the sales brochure before concluding the sale. Trade Logo of HDFC ERGO General Insurance Company Ltd. displayed above belongs to HDFC LTD and ERGO International AG and used by HDFC ERGO General Insurance Company under license. Toil-free: 1800 2700 700 | Fax: 91 22 66383699 | care@hdfcergo.com | www.hdfcergo.com. UIN: HDFHLGP05001V010405. IRDAI Reg No. 146.

<b>T ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( </b>			
I his is to certify that the above-menti	oned claim lodded by the insured	1 / Claimant is denuine and t	he same is recommended for reimbursement.

Place:	Authorised Signatory
Name of Attending Physician:	
Address, Phone No.:	
sickness/injury claimed for, which first incurred onI understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim contair misleading information may be subject to prosecution for insurance fraud.	ning any materially false, incomplete or
Date: D D M M Y Y Y Y	
	SIGNED (Attending Physician)
Name of the Policy holder & Seal:	

ATTENDING PHYSICIAN INFORMATION

HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept 14, 2016 and L&T General Insurance Company Limited upto Sept 13, 2016). CIN : U66030MH2007PLC177117. Registered & Corporate Office: 1<sup>st</sup> Floor, HDFC House, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400 078. For more details on the risk factors, terms and conditions, please read the sales brochure before concluding the sale. Trade Logo of HDFC ERGO General Insurance Company Ltd. displayed above belongs to HDFC LTD and ERGO International AG and used by HDFC ERGO General Insurance Company under license. Toll-free: 1800 2700 700 | Fax: 91 22 66383699 | care@hdfcergo.com | www.hdfcergo.com. UIN: HDFHLGP05001V010405. IRDAI Reg No. 146.

## 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	
Bank Account Number	
Branch Name	
IFSC Code Email address Email address	
Attachments Cancelled Cheque Bank Passbook Copy (Please tick the type of proof submitted)	

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: D D M M Y Y Y Y

HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept 14, 2016 and L&T General Insurance Company Limited upto Sept 13, 2016). CIN : U66030MH2007PLC177117. Registered & Corporate Office: 1<sup>4\*</sup>Floor, HDFC House, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For more details on the risk factors, terms and conditions, please read the sales brochure before concluding the sale. Trade Logo of HDFC ERGO General Insurance Company Ltd. displayed above belongs to HDFC LTD and ERGO International AG and used by HDFC ERGO General Insurance Company under license. Toll-free: 1800 2700 700 |Fax: 912266383699 | care@hdfcergo.com | www.hdfcergo.com | WW.hdfcergo.com | WW.hdfcergo.c