

HDFC ERGO General Insurance Company Limited



Take it easy!

INDIVIDUAL PERSONAL ACCIDENT - CLAIM FORM

Claimant's Statement

INSURED INFORMATION

Insured's Name:	_____		
Insured's Address:	_____		
Mobile No.:	_____	Alternate No.:	_____
Email Id:	_____	Policy Number:	_____
Period of Insurance	_____ To _____	Insured Profession:	_____
Name and address of employer:	_____		

ACCIDENTAL DEATH & PERMANENT DISABILITY

Date of accident:	_____	Place accident occurred:	_____
Particulars of the accident /Description of accidental details _____			
Was the accident related to the Insured's occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Whether reported to Police station	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, police station Name	_____
In case hospitalized list the name and address of all treating physicians and hospital _____			
Please indicate whether claim is in respect of (tick boxes)	<input type="checkbox"/> Accidental Death <input type="checkbox"/> Permanent Total Disability		
For Accidental Death	Date Of Accident: _____	Place Of Death:	_____
For child education Benefit: Provide details of dependent child (If applicable)			
Date Of Birth Child 1	_____	Date Of Birth Child 2	_____
For Permanent Total Disability			
Details of permanent disablement: _____			

ACCIDENTAL HOSPITALIZATION / HOSPITAL CASH

Date of accident:	_____	Time accident occurred:	_____	Place accident occurred:	_____
Date of admission:	_____	Date of Discharge:	_____		
Particulars of the accident /Description of accidental details _____					
Please describe the nature of Insured's injuries _____					
Name and address of all treating physicians and hospital _____					
City:	_____	State:	_____	Pincode:	_____
Phone:	_____				
Whether reported to Police station	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, police station Name	_____		

TEMPORARY TOTAL DISABLEMENT /BROKEN BONES /ACCIDENTAL INJURY

Date of accident:	_____	Time accident occurred:	_____	Place accident occurred:	_____
Date of admission:	_____	Date of Discharge:	_____		
Particulars of the accident /Description of accidental details _____					
Whether reported to Police station	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes police station Name	_____		
Details of Temporary disablement _____					
Dates of Temporary disablement:	From: _____	To: _____	_____		
Name and address of all treating physicians and hospital _____					
City:	_____	State:	_____	Pincode:	_____
Phone:	_____				
Date Insured able to return to work: _____					

CLAIMANT INFORMATION - INSURED OR NOMINEE (NOMINEE ONLY IF INSURED IS EXPIRED)

Claimant's Name _____
Relationship to Insured _____ Claimant's Address _____
City: _____ State: _____ Pincode: _____
Mobile _____ Alternate no _____

Date: _____
Place: _____

Signature of claimant

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)

Please fill in the fund transfer details

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account _____	Email Address _____
Bank Account Number _____	
Branch Name _____	
IFSC Code _____	
Attachments <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank Passbook Copy _____	
In support of bank Details (Please tick the type of proof submitted)	

Declaration: I _____
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: _____



Individual Personal Accident - 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**

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
- 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

Accidental Hospitalization Benefit /Hospital cash benefit

- Duly filled and signed claim form
- FIR from Police station/ Medico legal certificate from hospital (MLC Copy)
- Copy of discharge summary of hospitalization, if any
- KYC form and KYC documents (ID and address proof e.g Pan card, Aadhaar card, Ration card, Passport etc.)
- Original Hospital Final Bill with payment receipt, Original Medicine Bills, Prescriptions. Original Investigation reports and bills
- Original cancelled cheque with Payee name (Insured / Nominee) 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

Temporary total disablement /Broken bones /Accidental injury

- Duly signed filled claim form
- Discharge card / summary from hospital
- Investigation report like X-RAY / MRI / CT scan etc if any
- Fitness certificate from treating doctor
- Leave certificate from employer (If or are salaried) or ITR of last 2 yrs if business men
- 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