

HDFC ERGO General Insurance Company Limited



SARV SURAKSHA - CLAIM FORM

(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 Phone Email id

Policy Number Period of Insurance to

Does the Insured have any other Insurance? ☐ Yes ☐ No

If yes please list all companies type of Insurance Policy Number and Insurance amount

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 Insurance Policy ☐ Householder's Coverage ☐ Garage Cash ☐

SECTION 1, 2 AND 5 – CRITICAL ILLNESS / PERSONAL ACCIDENT/ CREDIT SHIELD

Date of Sickness / Injury / Accident Place of Sickness/Injury/Accident

Nature of Sickness / Injury

Circumstances of Sickness / Injury / Death

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

Name

Street Address

City State

Pin Code Phone

Did police or other authorities investigate the accident? ☐ Yes ☐ No

If yes please provide name, address and telephone number of all investigating officers and agencies

SECTION 3- ACCIDENTAL HOSPITALIZATION BENEFIT

Insured's Name Date of Birth Marital Status

Insured's Address

City State

Pin Code Phone

Phone Number (Off) Phone Number (Res) Mobile

Name and address of employer

City State

Pin Code Phone

Policy Number Insured's Occupation

Does the insured have any other insurance ?

If yes, please list all companies, type of insurance, policy numbers and insurance amounts

CLAIM INFORMATION

Date of accident Time and place accident occurred

Please describe in detail the circumstances of accident (attach separate sheet if needed)

Was the accident related to the Insured's occupation?

If so, how?

Please describe the nature of Insured's injuries

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

Did police or other authorities investigate the accident?

If yes, please provide name, address and telephone number of all investigating officers and agencies

City State

Pin Code Phone

SECTION 4 - LOSS OF JOB

Name of the Employer

Designation Responsibility

Date of Joining the Organization Date of Termination / Suspension

Cause of termination / suspension

SECTION 6- HOUSEHOLDER'S COVERAGE (FIRE AND ALLIED PERILS AND EARTHQUAKE / BURGLARY, HOUSEBREAKING AND THEFT)

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.)

Details of the Items Damaged / Lost [Make and Model, year of make, Configuration details (Computers) etc]

Estimated Loss (Repairs/ Replacement Cost if available)

Was any claim reported in the past on the same property during current policy period .If so provide details like Cause, Date of Loss and Claim Number?

SECTION 7- GARAGE CASH

For a claim under this section Please attach the following documents

- Own Damage Claim form Copy
- Estimate Copy (Signed by the surveyor)
- Repair Bill Copy
- Driving LIC
- Bills/Receipt or Tickets for the travel made while vehicle in workshop.
- RC Copy
- Surveyor Report

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

Claimant's Name

Claimant's Address

City State

Pin Code Phone Number (Off) Phone Number (Res)

Mobile Age Relationship to Insured

In what capacity are you making this claim?

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

SIGN

HDFC ERGO General Insurance Company Limited



Sarv Suraksha – Claim Document Checklist

(Additional documents if required will be requested by the insurer)

Critical Illness Benefit

- ✓ Duly filled and signed Claim Form
- ✓ 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)
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)
- ✓ First consulting letter from treating doctor for current illness/disease

Accidental Hospitalization

- ✓ Duly filled and signed Claim Form
- ✓ FIR Copy
- ✓ Hospital Indoor Case Papers
- ✓ Discharge Card
- ✓ Hospital Bills, Medicine Bills, Prescriptions
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Personal Accident - Death

- ✓ Duly filled and signed Claim Form
- ✓ FIR Copy
- ✓ Post Mortem Report
- ✓ Cause of death Certificate from treating doctor
- ✓ Death Certificate
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Personal Accident – Permanent Disability

- ✓ Duly filled and signed Claim Form
- ✓ FIR Copy
- ✓ Disability Certificate from treating doctor
- ✓ Hospital Indoor Case Papers
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Credit Shield

- ✓ All documents of PA Accidental Death / Permanent Disability

Dependent Child Education Benefit

- ✓ All documents of PA Accidental Death / Permanent Disability
- ✓ Ration Card Copy / Birth Certificate
- ✓ Certificate from the school / college where dependent child is studying / Fee receipt of school / collage
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

House Holders Benefit (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
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Loss of Job

- ✓ Duly filled and signed Claim Form
- ✓ Termination letter issued from the employer with the reason for termination / suspension / dismissal / retrenchment
- ✓ 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
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Garage Cash

- ✓ Duly filled and signed Claim Form
- ✓ Copy of Motor Insurance Policy, RC Copy
- ✓ Surveyor Report Copy
- ✓ Copy of Repair Bills
- ✓ Copy of repair Estimates

Lost Card Liability

- ✓ Police FIR Copy
- ✓ Police Final Investigation Report copy
- ✓ Credit Card Statement from bank mentioning transaction details
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

* Please send the cancelled cheque of insured / nominee for NEFT / RTGS transfer. If claim becomes payable

HDFC ERGO General Insurance Company Limited

Consent for Mode of Claim Payment



Name of Insured	<input type="text"/>
Policy Number	<input type="text"/>
Claim Number	<input type="text"/>
Beneficiary Name	<input type="text"/>
Mode of Payment (Please tick for mode of payment)	Cheque <input type="checkbox"/> Fund Transfer <input type="checkbox"/>

(All Fields are Mandatory in case of Fund Transfer)

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

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 <input type="text"/>
--	----------------------------------