

# HDFC ERGO General Insurance Company Limited

## INDIVIDUAL PERSONAL ACCIDENT - CLAIM FORM



### Claimant's Statement

#### INSURED INFORMATION

Insured's Name: Mr.			
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	
<b>For Accidental Death</b>	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	
<b>For Permanent Total Disability</b>			
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 \_\_\_\_\_  
Bank Account Number \_\_\_\_\_  
Branch Name \_\_\_\_\_  
IFSC Code \_\_\_\_\_ Email Address \_\_\_\_\_  
Attachments ☐ Cancelled Cheque ☐ Bank Passbook Copy \_\_\_\_\_  
In support of bank Details  
(Please tick the type of proof submitted)

Declaration: I Mr. \_\_\_\_\_  
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 3.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