HDFC ERGO General Insurance Company Limited

Claim Form

Sarv Suraksha Plus (Group)

Claim Form – Part A
To Be Filled In By The Insured

The issue of this Form is not to be taken as an admission of liability

SECTION A – DETAILS OF PRIMARY INSURED

a) Policy No | b) Sl. No/ Certificate No:

c) Company/ TPA ID No.:

d) Name

2) Address

City | State

Pin Code | Phone | Mobile

Email ID

SECTION B- DETAILS OF INSURANCE HISTORY

a) Currently covered by any other mediclaim health insurance	☐ Yes ☐ No
b) Date of commencement of first insurance without break	D D M M Y Y Y Y
c) If Yes, Company Name	
Policy No.	
Sum Insured	
d) Have you been hospitalized in the last four years since inception of the contract	☐ Yes ☐ No D D M M Y Y Y Y
Diagnosis	
e) Previously covered by any other Mediclaim/Health insurance	☐ Yes ☐ No
f) If yes, Company Name	

SECTION C- DETAILS OF INSURED PERSON HOSPITALISED

a) Name			
b) Relationship(Self/spouse/Child/Father/Mother/Other)		c) Date of Birth	d) Age Mths/yrs
e) Address (If different than above)			
f) Gender	☐ Male ☐ Female	g) Occupation	Service/Self-employed/Homemaker/student/ Retired/ Others
h) Telephone No		i) Mobile No	
j) E-mail ID, if any			

SECTION D- DETAILS OF HOSPITALISATION

a) Name of the Hospital where admitted			
b) Date of Injury/ Date of disease first detected/ Date of delivery	DD/MM/YYYY		
c) Date of admission	DD/MM/YYYY		
d) Time	HH/MM		
e) Date of discharge	DD/MM/YYYY		
f) Time	HH/MM		
g) If injury, give cause	Self-Inflicted/Road Traffic Accident/ Substance Abuse/ Alcohol Consumption		
I) If Medico legal E-mail ID, if any	☐ Yes ☐ No	ii) Reported to police?	☐ Yes ☐ No
iii) MLC Report, & Police FIR attached?	☐ Yes ☐ No	j) System of medicine	Allopathic/Other systems of medicine

SECTION E- DETAILS OF CLAIM

a) Details of the treatment expenses claimed for

b) Section under which claim is made

Sec	Sub Sec	Coverage	Yes/ No
A		Major Medical Illness	☐
		Optional Covers - Major Medical Illness	
	I	Cardiac Arrest	☐
	ii	Angioplasty	☐
	iii	Molecular Gene Profiling test	☐
	iv	Second Medical Opinion	
	a	Second Medical Opinion -India	☐
	b	Second Medical Opinion -Global	☐

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2		Personal Accident	☐
I		Accidental Death	☐
A		Optional Covers - Accidental Death	
	I	Burns	☐
	ii	Transportation of Mortal Rem.	☐
	iii	Renewal Premium Benefit	☐
II		Permanent Disablement	☐
III		Temporary Total Disablement	☐
	i	Temporary Total Disability - Accident Only	☐
	ii	Temporary Total Disability – Illness only	☐
A		Optional Cover under Temporary Total Disability – Illness only	
	i	Waiting Period modification Option	☐
3		Emergency Medical Expenses	☐
I		Emergency Medical Expenses - Accident Only	☐
II		Emergency Medical Expenses - Illness only	☐
A		Optional Covers - Emergency Medical Expenses	
	i	Emergency Medical Expenses - Global	☐
	ii	Co-Payment	☐
4		Loss of Income/EMI Protector	☐
I		Termination from Employment	☐
II		Loss of Income - Major Medical Illness	☐
A		Optional Cover - Loss of Income - Major Medical Illness	
	i	Cardiac Arrest	☐
	ii	Angioplasty	☐
III		Loss of Income - Accidental PTD	☐
5		Credit Shield	☐
	i	Accidental Death & Permanent Total Disablement	☐
6		Property Coverage	☐
I		Fire & Allied Perils	☐
A		Optional Covers - Fire & Allied Perils	
	i	Earthquake	☐
	ii	Terrorism	☐
II		Burglary	☐
7		Broken Bones	☐
8		Dependent Child Education Benefit	☐
9		Parental Care Benefit	☐
10		Mobility Extension	☐
I		Mobility Extension - Benefit	☐
II		Mobility Extension – Indemnity	☐
11		Hospital Cash	☐
I		Hospital Cash - Accident Only	☐
II		Hospital Cash – Illness only	☐
A		Optional Covers - Hospital Cash	
	I	Companion Benefit	☐
	I	Hospital Cash - ICU	☐
	ii	Time Deductible modification Option	☐
	iii	Hospital Cash - Global	☐
	iv	Waiting Period modification option (applicable to Hospital Cash -Illness only)	☐
12		Chauffeur Benefit	☐
13		Accidental Hospitalization Expenses	☐
A		Optional Covers - Accidental Hospitalization Expenses	
	i	Post Hospitalization expenses	☐
	ii	Hospitalization Expenses - Global	☐
	iii	Co-Payment	☐
14		Permanent Total Disablement - Illness	☐
15		Last Rites	☐

Optional Covers		
S.No.	**Cover**	**Yes/No**
1	Preventive Health Checkup	☐
2	Medical Evacuation	☐
3	Road Ambulance	☐

c) Please provide the below details

i) Critical Illness /Surgeries		Please mention the Critical Illness/Surgeries claimed for:
ii) Hospital Cash		Please mention the no of days, benefit claimed for

SECTION – F DETAILS OF BILLS ENCLOSED

Sr.no.	Bill No.	Date	Issued By	Towards	Amount (Rs)
		D D M M Y Y Y Y			

SECTION – G DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

a) Payee Name	b) Account Number
c) Bank Name/ Branch	d) Payable details: Cheque/ DD
e) IFSC Code	e) *please attach a cancelled cheque pertaining to the same
f) MICR No	*please attach a cancelled cheque pertaining to the same
g) PAN	

Note:
It is agreed that the Policyholder/Claimant will intimate in writing to HDFC ERGO General Insurance Co. Ltd. about any change in bank account details.
In an event Insured person bears expenses for treatment please provide account details of Insured Persons in the above format along with proof of incurring such expenses..

SECTION H – DECLARATION BY THE INSURED

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date: D D M M Y Y Y Y

Place:_____

Signature of Insured

LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

Note:

1. When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organization/provider have to be submitted.
2. If original bills, receipts, prescriptions, reports and other documents are submitted to Us and Insured Person requires same for claiming from other organization/provider, then on request from the Insured Person We will provide attested copies of the bills and other documents submitted by the Insured Person.
3. If below mentioned documents are not provided in full or are insufficient for Us to consider the claim, then We may request additional information or documentation.

Claim Documents for all the health Covers

Claims Documents to be submitted for Major Illness and Permanent Total Disablement due to Illness.	1. Duly filled Claim Form with signature of claimant. 2. Copy of Discharge Summary / Discharge Certificate / Death Certificate (in case insured expired); 3. First consultation letter from treating Medical Practitioner 4. Medical certificate confirming diagnosis, and the treatment from Medical Practitioner 5. certificate from treating Medical Practitioner, specifying the duration and etiology 6. OT Notes in case of Surgery 7. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 9. All pathological/Histopathological and radiological Investigation Reports 10. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor. 11. Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhar Card, Passport, Driving License Voter ID, etc.) 12. Other necessary document as required by the Company We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.
Claims documents and procedure for Second Opinion	1. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) 2. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). 3. On receipt of the complete set of documents, We will forward the same to the concerned doctor. 4. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents. 5. Where Claim is on reimbursement basis – Diagnostic report and invoice from Medical Practitioner

Claims Documents to be submitted for Loss of Income due to termination	1. Duly completed claim form; 2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. 3. Certificate from the employer of the insured confirming the termination with date of and period of termination. 4. Form 26 AS 5. Any other necessary document as may be required by the Company. 6. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims Documents to be submitted for Loss of Income due to resignation due to CI	1. Duly completed claim form; 2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. 3. Resignation Letter/ Resignation Acceptance letter 4. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims Documents to be submitted for Loss of Income due to resignation due to Accidental Permanent Total Disablement	1. Duly filled Claim Form with signature of claimant. 2. Copy of Discharge Summary / Discharge Certificate 3. First consultation letter from treating Medical Practitioner 4. Certificate from treating Medical Practitioner, specifying the duration and etiology 5. OT Notes in case of Surgery 6. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 8. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims documents to be submitted for Accidental Death	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication 5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
Claims documents to be submitted for Permanent Disablement	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 5. Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
Claims documents to be submitted for Temporary Total Disablement	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. 7. Leave certificate from the employer (If Employed) 8. Fitness certificate from Medical practitioner 9. Insured's own Indian bank cancelled cheque copy and bank details in attached format 10. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
Claims documents to be submitted for Hospital Cash	1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit 2. First consultation letter from treating Medical Practitioner 3. Certificate from treating Medical Practitioner, specifying the duration and etiology 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims documents to be submitted for Broken Bones	1. Medical Practitioner's Report 2. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 3. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 4. Original Discharge summary from the hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 7. Relevant treatment papers clearly mentioning the areas of fracture with their severity.
Claims documents to be submitted for Medical Evacuation	1. Consultation note or Emergency Room's Medical Practitioner medical report 2. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 3. All relevant Original Invoices for the expenses incurred towards ambulance facility. 4. A covering letter from claimant mentioning the details of loss.
Claims documents to be submitted for Emergency Medical Expenses and Accidental Hospitalization	1. Consultation note or Emergency Room's Medical Practitioner medical report. 2. Relevant treatment papers or Discharge Summary. 3. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. All relevant Original Invoices for the expenses incurred.
Claims documents to be submitted for Dependent Child Education Benefit and Parental Care Benefit	1. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 2. Relevant Treatment Papers OR Discharge Summary. . 3. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. 4. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 5. Death certificate 6. Final police investigation report 7. Post-mortem Report or Coroner's Report 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.

Claims documents to be submitted for Mobility Extension Cover	1. Duly completed and signed claim form. 2. Policy/Certificate Copy 3. Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle) 4. Consultation Note Or Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. 5. All relevant Invoices for the expenses incurred. 6. Letter from treating Medical Practitioner mentioning the reason for disablement and confirming the disablement. 7. Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing
Claims documents to be submitted for Chauffeur Benefit	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. Original invoices of transport
Claims documents to be submitted for Last Rites Cover	1. Claim Form, duly completed 2. Death certificate
Claims documents to be submitted for Burns	1. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns 2. Attested copy of FIR. (If any) 3. All X-Ray / Investigation reports and films supporting to disability.

Claim Documents for Property cover:

Documents required for processing of claim	1. Policy/Underwriting documents. 2. Survey Report with Photographs 3. Claim Form, duly completed. 4. Log book / Asset register / Capitalized item list 5. Repair / Replacement invoices with receipt 6. All Applicable valid Certificates

Customer Identification Procedure (as per KYC norms of IRDAI)	
Please submit the following documents in case of claim amount exceeds Rs. 100,000	
Legal name and any other names used (Any one of the mentioned documents)	Passport/ PAN Card/ Voter's Identity Card/ Driving License/ Letter from a recognized public authority or public servant verifying the identity and residence of the customer
Proof of Residence (Any one of the mentioned documents)	Telephone bill/ Bank account statement/ Letter from any recognized public authority/ Electricity bill/ Ration card