

CLAIMANT INFORMATION

1. Claimant's name: _____
2. Relationship to insured: _____
3. Claimant's Address: _____
4. Date: _____ Place: _____

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

CONSENT FOR MODE OF CLAIM PAYMENT

1. Beneficiary Name: _____
2. Mode of Payment
 - Please fill in the fund transfer details: _____
 - Insured's Name as per Bank Account: _____
 - Bank Account Number: _____
 - Branch Name: _____
 - IFSC Code: _____
 - Email address: _____
 - Attachments: Cancelled Cheque Bank / Passbook Copy

Date: _____

Place: _____

Signature of the claimant and seal: _____

Personal Accident claim document checklist

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

- 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)
- 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
- Disclaimer – We may ask for additional documents on case to case basis.

In case of claim or generally, the Company may be contacted at the following address:

HDFC ERGO General Insurance Company Limited

6th Floor Leela Business Park
Andheri Kurla Road, Andheri East
Mumbai-400059.