



HDFC ERGO Paws n Claws - Claim Form

“ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY”

Important Notice

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by the insured or by any authorized person.
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.
- Please send the completed claim form, as soon as possible, to the Company.

1. DETAILS OF INSURED PERSON/CLAIMANT

Name :

Policy Number/Certificate number:

Communication Address:

Contact No.: Email ID:

2. DETAILS OF INSURED PET IN RESPECT OF WHICH CLAIM IS MADE

Name of Pet: Gender: M F

Age (Years & Months): Breed:

Microchip Number (if available): Distinguishing Features/Identification Marks:

Details of Claim (Brief Description of events giving rise to claim): _____

3. DETAILS OF THE CLAIM

Name of the Section(s) in which claim has incurred along with details	Date & Time of Incident	Place of Incident	Estimated Claim Amount
1. Comprehensive cover (All Risk Cover)			
2. Customizable Cover (Make your own plan)			
a. Injury Cover			
b. Illness Cover			
c. Surgery Cover			
3. Third Party Liability			
4. Trip Cancellation			
5. Mortality Benefit			

4. DOCUMENTS TO BE PROVIDED (PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTS)

Standard requirements for all claims :

- Duly completed and signed claim form/details of specified events and/or circumstances leading to specified events
- Registration Certificate with Local Municipality/ Canine or Kennel Clubs, if available
- Policyholder's own Indian bank cancelled cheque copy and bank details
- Any other additional documents/ information in support of the claim.

Section Specific Requirements (that may be required in addition to the above)

Comprehensive Cover (All Risk Cover) & Customizable Cover (Make your own plan)	Third Party Liability Cover	Trip Cancellation Cover	Mortality Benefit
1. Prescription from Registered Vet; Copy of bills and invoices	1. Date when Policyholder received the first intimation/notice of the incident	1. Cancellation invoices from travel agent, tour operator or other holiday sales organization. Invoices must show the dates and total cost of holiday, confirmation that payment had been made, along with Official Mail ID of Travel or Tour Agent / Also Booking Invoice received prior to Trip start date	1. Attested copy of Death Certificate
2. Medical bills/ Invoice and Medical Report / History, Diagnostic Reports in original	2. Copies of claim demand/notice received by the Policyholder and response to the same notice, if any	2. Trip Cancellation/Trip Curtailment date and details of non refundable expenses	2. Colored photograph and/or Video of 30 sec of Insured Pet.
3. Photos and/or Videos of injury (bites, broken bones or lost limbs as applicable)	3. Attested copy of FIR		
4. Detailed circumstances of the Accident	4. Detailed description of the events in chronological order resulting in the loss suffered		
	5. Quantum of loss along with supporting proofs		
	6. Copies of all documentation/ communications exchanged in relation to matter.		



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1. CONTACT DETAILS OF INSURED/PERSON RESPONSIBLE FOR HANDLING CLAIMS

Name (and Relationship with Insured Person):

Phone: Email ID:

4. BANK DETAILS & DOCUMENTS:

a) Details of Bank Account of the Insured:

Name of Bank Account Holder	Account No.	IFSC Code	
		MICR Code	
Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>	Name of Bank	Branch
I/We wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.* *As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.			

5. DECLARATION

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
 - No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
 - If I/We have given/made any false or fraudulent statement / information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any right to recover there under in respect of any or all claims, past, present or future.
 - The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserves the right to process or reject or require further / additional information in respect of the claim.
 - The above statements are in all respects true and complete and are made without any kind of reservation.
- I/ We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me / us to any of its service provider, Promoters or Group Companies.

Signature: _____ Date: _____

Send Notice of Claims to:

The Manager
 Claims Department
 HDFC ERGO General Insurance Company Limited
 6th Floor Leela Business Park
 Andheri Kurla Road, Andheri East
 Mumbai-400059.
 India
Contact us - 022 6158 2020/ 022 6234 6234