



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

Important Notice

- Please read this claim form fully before answering the questions.
- 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.
- In case the Insured is a Medical Establishment, the claim form is to be completed and signed by the Chief Executive Officer, Managing Director, or by a partner, director or principal officer of the insured or by any authorized person.

1. Details of Insured

(a) Reported under Policy Number: _____

(b) Name & Address of the Insured:

(c) Contact details/ person of the Insured: (Responsible for Claims Handling)

Title: _____ Email: _____

Phone: _____ Fax No.: _____

(d) Period Of Insurance : From _____ to _____

(e) Limit of Liability: _____

2. Details of claimant

(a) Full name & address of the claimant or potential claimant (i.e. the party making the claim or potential claim against the Insured

(b) Description of the claim including a description of the allegations made by the claimant

(c) Whether the medical incident relates to Telehealth service-...Yes _____ No _____

3. Details of claim OR Circumstances

(a) Date & Time Date on which intimation of the claim was first made to you :

(b) When was the claim first notified to HDFC ERGO General Insurance Company Limited?

(c) Detail description of the act in chronological order, as to how, when and where the Medical Incident happened as well as when the Insured became aware of the Medical Incident:

(d) Have proceedings commenced? If so, please attach a copy of the court documents?

(e) Details of other persons or entities which may be responsible or liable for the loss or damage being claimed -

(f) Quantum of damages claimed against you or, if the claimant has not quantified its damages, your estimate of the quantum of damages which may be claimed against you?

(g) Any other relevant information:

(h) Has any action has been taken by any authority?

(i) Details of other persons or entities which may be responsible or liable for the loss or damage being claimed; and

(j) Copy of all relevant contract(s) and/or agreement(s) between the parties, if any?

(k) Copy of all relevant correspondence between the parties, if any (e.g. emails, internal memo(s), letter(s), minute(s) or record(s) of meeting(s);

(l) Copy of an internal or external, survey, investigation or test reports and all other relevant reports, and;

(m) Copies of all relevant internal communications, including a log on all internal verbal communications whether prior or subsequent to the occurrence of the wrongful act giving rise to the claim.

(n) Are there additional details about which you wish to advise, or which may be of interest to an insurer, so that an insurer will have a better understanding of this matter? If so, Please provide details along with supporting documentation.

4. Bank Details & Documents:

a) Details of Bank Account of the Insured :

Name of Bank Account Holder	
Bank Account No.	
Name of Bank:	Branch:
MCR Code:	IFSC Code:
Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>
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.	

b) KYC documents are compulsory

5. Declaration

I/We (print name in full) _____

(Position): _____

of the insured and on behalf of the insured declare the above answers to be true and correct AND acknowledge that the insurer may make its decision on indemnity having regard to these answers.

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 to assess loss or for servicing the policy/claims.

Signature _____

Date _____

Please Attach a Separate Sheet Wherever Required For Giving The Details.

Note:

Send Notice of Claims To:

The Manager

Claims Department Manager

HDFC ERGO General Insurance Company Limited

6th Floor Leela Business Park

Andheri Kurla Road, Andheri East

Mumbai-400059

India

Such notice shall be effective on the date of receipt by the Company at above mentioned address