HDFC ERGO General Insurance Company Limited

HOME SURAKSHA PLUS – CLAIM FORM

(The issue of this form is not to be taken as an admission of Liability)

DETAILS OF INSURED

Insured's Name Date of Birth D D M M Y Y Y Y

Insured Address

City State

Pin Code Phone Mobile email id

Policy Number Period of Insurance D D M M Y Y Y Y to D D M M Y Y Y Y

Loan Account Number Principal Outstanding amount EMI

Does Insured have any other Insurance? ☐ Yes ☐ No

If yes, provide list of policies with insurer name, type of policy, sum insured and policy period

PLEASE INDICATE THE SECTIONS AGAINST WHICH CLAIM IS BEING MADE

Fire & Allied Perils ☐ Personal Accident – Death ☐ Loss of Job ☐ Burglary / Theft ☐

PA – Permanent Total Disablement ☐ Child Education Benefit ☐ Major Medical Illness ☐

FIRE & ALLIED PERILS / THEFT & BURGLARY

Date of loss D D M M Y Y Y Y Time of loss Place of loss

Nature and Cause of Loss (Please describe the circumstances leading to the loss

If insured is not sole owner, the nature of his/their Interest in the property and details of other interests

Whether Loss intimated to i) Police Yes ☐ No ☐ ii) Fire Brigade Yes ☐ No ☐

Kind of items damaged (provide detailed list with make / model & cost with invoices)

Estimated Loss (Repairs/ Replacement Cost if available)

MAJOR MEDICAL ILLNESS

Select one of the below against which claim is being made

Cancer ☐ Major Organ Transplant ☐ Stroke ☐ End Stage Renal Failure ☐ Paralysis ☐

Heart Valve Replacement ☐ Multiple Sclerosis ☐ Coronary Artery Bypass Graft ☐ Myocardial Infraction ☐

Name of Insured Date of first diagnosis / occurrence / procedure D D M M Y Y Y Y

Place

Nature of sickness

Circumstances of loss / sickness

Name & Address of treating hospital / doctor

City State

Pin Code

Date of Death (if applicable) D D M M Y Y Y Y Place of death

PERSONAL ACCIDENT

Name of Insured

Date of accident D D M M Y Y Y Y Time Place of accident

Description / Circumstances of accident

Insured's profession Type of Industry

Name & Address of treating hospital / doctor

City State

Pin Code

Details of Permanent Total Disablement : Loss of

Date of Death (if applicable) D D M M Y Y Y Y Place of death

Whether reported to Police authorities Yes ☐ No ☐ Police station Name

Provide details of dependent child, number of dependent child Age/s of Child

LOSS OF JOB

Name of the Insured

Designation Responsibility

Date of Joining the Organization D D M M Y Y Y Y Date of Termination / Suspension D D M M Y Y Y Y

Cause of termination / suspension

Name & Address of employer

City State Pin

I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the insured to release any information requested regarding this claim and the loss reported. I understand this information will be used by HDFC ERGO General Insurance, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim.

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

Place

Date D D M M Y Y Y Y

SIGNED (Claimant or authorized person)

Insurance is the subject matter of the solicitation. Form No. XXX

HDFC ERGO General Insurance Company Limited

Home Suraksha – Claim Document Checklist

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

Critical Illness Benefit

- ✓ Duly filled and signed Claim Form.
- ✓ Photocopy of current year policy
- ✓ Copy of discharge summary of hospitalization, if any
- ✓ A medical certificate confirming the diagnosis of Critical illness from a doctor not less qualified than MD/MS
- ✓ Investigation Reports and other related documents reflecting Critical Illness diagnosis (Original).
- ✓ First consultation letter and subsequent prescriptions
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Personal Accident - Death

- ✓ Duly filled and signed Claim Form
- ✓ FIR Copy
- ✓ Post Mortem Report
- ✓ Cause of death Certificate from treating doctor
- ✓ Death Certificate
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Personal Accident – Permanent Disability

- ✓ Duly filled and signed Claim Form
- ✓ FIR Copy
- ✓ Disability Certificate from treating doctor
- ✓ Hospital Indoor Case Papers
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Dependent Child Education Benefit

- ✓ All documents of PA Accidental Death / Permanent Disability
- ✓ Ration Card Copy / Birth Certificate
- ✓ Certificate from the school / college where dependent child is studying
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

House Holders Benefit (Theft / Burglary)

- ✓ Duly filled and signed claim form
- ✓ Police FIR copy
- ✓ Police Final Report Copy
- ✓ List of theft / stolen items with Cost
- ✓ Bills / Invoice of items theft / stolen
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)

Loss of Job

- ✓ Duly filled and signed claim form
- ✓ Termination letter issued from the employer with the reason for termination / suspension / dismissal / retrenchment.
- ✓ Appointment letter of the last organization from where termination has been done along with the terms and conditions of employment.
- ✓ EMI confirmation statement from HDFC LTD / HDFC Bank LTD from where the loan is granted. New employment letter
- ✓ If currently employed, then new employment letter along with the terms and conditions of employment
- ✓ Last three months salary slips..
- ✓ Passport, PAN Card, Aadhar card and Address Proof (KYC Documents)