





Claimant's name: \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Claimant's Address: \_\_\_\_\_

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

Beneficiary Name: \_\_\_\_\_

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)
- KYC form or KYC documents (ID and address proof eg. PAN card/Aadhar card/ Ration card/ Passport etc.)
- 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.