

HDFC ERGO General Insurance Company Limited



COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES- CLAIM FORM

Claimant's Statement

- Track your Claim Status
- Please share the copy of claim document at the time of submission. Original documents are required only for Hospitalisation due to accident.
- Provide your Mobile Number and E-mail ID to get Claim Updates
- Duly filled NEFT (National Electronic Funds Transfer) form
- Duly Filled KYC (Know Your Customer) form and KYC documents (ID and address proof e.g PAN Card, Ration Card, Passport etc) for all claims where in claimed amount is ₹1 lakh and above

INSURED INFORMATION

Insured's Name:										
Insured's Address:										
Mobile No.:					Alternate No.:					
Email Id:					Policy Number:					
Policy Period					Insured Profession:					

ACCIDENTAL DEATH & PERMANENT DISABILITY

Date of accident:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place accident occurred:			
Particulars of the accident /Description of accidental details											
Was the accident related to the Insured's occupation?	<input type="checkbox"/> Yes		<input type="checkbox"/> No								
Whether reported to Police Station	<input type="checkbox"/> Yes		<input type="checkbox"/> No		If Yes Police station Name						
Please indicate whether claim is in respect of (tick boxes)	<input type="checkbox"/> Accidental Death		<input type="checkbox"/> Permanent Total Disability				<input type="checkbox"/> Permanent Patial Disability				
For Accidental Death	Place of Death: <input type="text"/>										
For Permanent Total Disability	Details of permanent total disablement: <input type="text"/>										
For Permanent Partial Disability	Details of permanent partial disablement: <input type="text"/>										

DETAILS OF THE INSURED PERSON AND VEHICLE

Insured Name (Mr./ Mrs./ Ms.)												
Address of Correspondence												
					City					Pin		
Tel			Mobile*			Email						
PAN No.			Vehicle No.			Was he under influence of liquor/drugs:	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Engine No.			Chassis No.									
Driving License No:			Issuing Authority				Driving License Expiry Date	<input type="text"/>				
Type of Vehicles authorized to drive (tick one):	<input type="checkbox"/> LMV		<input type="checkbox"/> Transport		<input type="checkbox"/> Motorcycle							

CLAIMANT INFORMATION - INSURED OR NOMINEE (NOMINEE ONLY IF INSURED IS EXPIRED)

Claimant's Name												
Relationship to Insured					Claimant's Address							
City					State					Pin Code		
Mobile			Alternate no									

Date:
Place:

Signature of the claimant



Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment Cheque Fund Transfer

(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code

Email address

Attachments
In Support of Bank Details
(Please tick the type of proof submitted)

Cancelled Cheque Bank Passbook Copy

Declaration: I Mr./ Mrs/ Ms. _____
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 mentioned above.

Signature of Beneficiary
Stamp Required in case of Company

Date:

HDFC ERGO General Insurance



COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES - Claim Document Checklist

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

Accidental Death

- 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
- KYC form and KYC documents (ID and address proof e.g Pan 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
- Legal heir certificate

Personal Accident - Permanent Disability/Permanent Partial Disability

- Duly filled and signed Claim Form
- FIR from Police station/ Medico legal certificate from hospital (MLC Copy)
- Disability Certificate from Government Hospital
- All treatment papers and Investigation report from hospital
- Photograph with disable part
- KYC form and KYC documents (ID and address proof e.g Pan card, Ration card, Passport etc.)