HDFC ERGO General Insurance Company Limited



Tel.(Res.)

CRITICAL ILLNESS - CLAIM FORM (Issuance of this form does not amount to admission of any liability or a waiver of any of the terms and conditions of the insurance contract.) Please give the following information correctly and completely to enable us to process your claim promptly 1. Policy Number (in full) 2. HDFC ERGO Card No. (In case of Child Day 1 cover, please add the Card Number of the mother) 3. Name of the Insured (in whose name policy is issued) Mr. / Ms. / Mrs. (First Name) (Middle Name) (Last Name) 4. Details of the insured person (in respect of whose claim is made) i) Name of the Insured person: Mr. / Ms. / Mrs. ii) Relationship with the Insured iii) Date of Birth / Age iv) Occupation v) Current Residential Address & Contact Details Address City State Tel.(Res.) STD Code E-mail If yes, give complete details D D M M Y Y Y 6. Date on which disease or illness first detected 7. Details of treatment received including dates of outpatient or inpatient 8. Details of the doctor Mr. / Ms. / Mrs. (First Name) (Middle Name) (Last Name) Address Pincode Qualification City Sex Male State

Mobile

(Off.)

9. Please giv	ve names and contact details of all doctors v	vhom you have consulted		STD Code
Name				Tel.
ivame				Iei.
10. Please	tick as $(\sqrt{\ })$ specifying the type of Critical Illne	ess		
1. Cano	er			
2. Coror	nary Artery (Bypass) Surgery			
3. Heart	t Attack (Myocardial Infarction)			
4. Kidne	ey Failure (End Stage Renal Failure)			
5. Major	r Organ Transplantation			
6. Multip	ole Sclerosis			
7. Paral	ysis			
8. Strok	e			
9. Aorta	Graft Surgery			
10. Prim	nary Pulmonary Arterial Hypertension			
	rt Valve Replacement			
	ign Brain Tumor	П		
	kinson's Disease			
	neimer's Disease			
TO. ENG	Stage Liver Disease			
11. No. of do	cuments submitted including this CLAIM FO	RM		
		Decl	aration	
I hereby war				
, ,	ad and understood General Conditions 3 of t			
	foregoing particulars are true and complete i			
()	no other insurance in force in respect of that			
	ise HDFC ERGO to make payment of the cla their representatives to seek medical inform			 I consent and authorise HDFC ERGO General Insurance attended concerning the claim.
Place				Date
1 1000				
				Signature of the Claimant / Insured
If any claim is	s in any manner dishonest or fraudulent, or is:	supported by any dishonest or fra	udulent means or devices, whethe	er by You or any Insured Person or anyone acting on behalf o
	ured Person, then this Policy shall be void and			1 by too or any modern troops of anyone according on social o
		Check List of Enclosure	es for Submission of Clair	m
	Duly filled and signed Claim Form			
	Photocopy of current year policy			
	Copy of discharge summary of hospitalization	n, if any		

A medical certificate confirming the diagnosis of critical illness from a doctor not less qualified than MD/MS $\,$

Investigation reports/ other related documents reflecting the critical illness diagnosis

First consultation letter and subsequent prescriptions

Insurance is the subject matter of solicitation