

Insurance Program 2022-23

Frequently Asked Questions

Personal Accident Death Claims & Zero liability

Q1. Is the insurance available to all cardholders? If yes, what is the criteria?

Its available to those cardholders who are **monthly active** on their Debit card, i.e., **one POS/E-com or SI transaction** in every month. For ex: if a cardholder has spent via a POS terminal or online e-com mode, then the customer's insurance coverage is active on his/her card.

Q2. What is zero liability?

Zero Liability cover **involves Fire and Burglary, Flight Delay, Baggage Loss, Online Transaction Frauds** like phishing, vishing.

Q3. Does the Personal Accident policy cover natural death, suicide or death due to some illness/disease/pregnancy?

No

Q4. What is the available sum insured under the plan?

Please find the list of insurance covers applicable, card wise: -

Debit Card Variant	Personal Accidental Death Cover	International Air Accident Death Cover	Zero Liability on fraudulent POS usage and stolen Debit Card	Fire & Burglary Insurance	Insurance on loss of checked baggage
Platinum	Upto ₹ 10 Lakhs (Upto ₹ 12 Lakhs for HNW Customers)	₹ 3 Crores	₹ 5 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Millennia	Upto ₹ 10 Lakhs (Upto ₹ 12 Lakhs for HNW Customers)	₹ 1 Crore	₹ 4 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
MoneyBack	Upto ₹ 10 Lakhs (Upto ₹ 15 Lakhs for HNW Customers)	₹ 1 Crore	₹ 4 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Business	Upto ₹ 10 Lakhs (Upto ₹ 12 Lakhs for HNW Customers)	₹ 1 Crore	₹ 5 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs

Classification - Internal

Jet Privileged	Upto ₹ 25 Lakhs	₹ 1 Crore	₹ 5 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Times Point	Upto ₹ 10 Lakhs	₹ 1 Crore	₹ 4 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Woman's	Upto ₹ 5 Lakhs	NA	₹ 4 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Imperia	Upto ₹ 12 Lakhs	₹ 3 Crores	₹ 5 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Preferred	Upto ₹ 12 Lakhs	₹ 3 Crores	₹ 5 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Classic	Upto ₹ 12 Lakhs	₹ 3 Crores	₹ 5 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
Rewards	₹ 5 Lakhs	₹ 25 Lakhs	₹ 4 Lakhs per card	NA	NA
Intermiles	Upto ₹ 25 Lakhs	₹ 1 Crore	₹ 4 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs
EasyShop	NA	NA	₹ 4 Lakhs per card	NA	NA
Titanium Royale	NA	NA	₹ 4 Lakhs per card	NA	NA
Titanium	NA	NA	₹ 4 Lakhs per card	NA	NA
NRO (VISA)	NA	NA	₹ 4 Lakhs per card	NA	NA
Gold	Upto ₹ 5 Lakhs	₹ 25 Lakhs	₹ 4 Lakhs per card	Upto ₹ 2 Lakhs	Upto ₹ 2 Lakhs

Q5. Who can be the beneficiary? What is the condition to get the covers?

Card holder is the prime beneficiary for zero liability for PADC and the nominee is the default beneficiary. The card holder needs to be monthly active that is one transaction on POS/e-com/SI every month to receive any insurance coverage available on his/her Debit card

Q6. How do I make a claim?

Documents required for Claim settlement:

1. Download claim form (website)
2. Attach hospital summary report
3. Attached documents as below:

***Please note that the documents size should not go over 2 Mb, you sent can documents in multiple mails.**

1. Claim form (Attached Below)
2. Death summary from the hospital. (If card holder admitted to hospital)
3. Post-mortem Report (Mandatory document, provided by Hosp. Authorities)

4. Death Certificate issued by municipal authorities.
5. Final police inspection report. (Mandatory document, provided by Police Authorities)
6. Bank Statement of Cardholder, (1 year prior to date of accident in case of Rupay Premium, Millennia, Times Point, Business, platinum & 6 months prior to date of accident in case of gold cards)
7. Nominee details of the cardholder (Format Attached Below)
8. Relationship proof of nominee with the cardholder.
9. KYC documents for card holder and nominee both (Photo ID & address proof)
10. NEFT details of the nominee. (Format Attached Below)
11. Passbook copy or bank statement of Nominee
12. Indemnity Bond on the stamp paper. (Format Attached Below)
13. Original Cancelled Cheque of NOMINEE (With Printed Name)
14. Translation in English if above docs are in Vernacular

In case nomination is not available then following document will have required in addition to the above mentioned docs.

- 1) Legal Heir /Succession certificate.
- 2) NOC from the family members of the deceased customer.

Note: Insurance Company reserves rights to ask for any other documents/required for processing a claim based on merit of an individual case.

All the above-mentioned docs need to be attested/ OSV by HDFC Bank Staff

Note: Insurance Co. reserves rights to ask for any other documents/required for processing a claim based on merit of an individual case.

Kindly find the form attached.

Address to despatched the docs -

Attn. -- Parimal Machhi / Rita Fernandes (Claims Department)

HDFC ERGO General Ins Co.
6th Floor, Leela Business Park,
Andheri - Kurla Road,
Andheri (East)
Pin – 400059.

***Kindly note to mention Name and Employee Code on envelope while sending the documents.**

Contact Point	Name	Email	Contact No
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Classification - Internal

Ist Communication	Common	bankclaims@hdfcergo.com	
SPOC	Atul Sharma	atul.sharma2@hdfcergo.com	9650059899
Ist Escalation	Barda Satpathy	barda.satpathy@hdfcergo.com	9971596604
2nd Escalation	Dr Basant Kumar	basant.kumar2@hdfcergo.com	7208892750

Refer Annexure files for reference.

ANNEXURE 1: HDFC ERGO CLAIM FORM

ANNEXURE 2: INDEMNITY BOND- PA DEATH CLAIM

ANNEXURE 3: NOMINATION DETAILS DECLARATION

The following IDs are to be kept for internal bank communication only and shall not be shared with customers in any case

To - BankClaims@hdfcergo.com

Keeping in loop - Preeti.Garg@hdfcergo.com, PAD.InsuranceHelpDesk@hdfcbank.com

Annexure 1



Form E

INSURED INFORMATION

CLAIM INFORMATION									
Date of accident:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time and place accident occurred:		<input type="text"/>	<input type="text"/>
Please describe in detail the circumstances of accident: <input type="text"/>									
(attach separate sheet if needed)									
Was the accident related to the insured's occupation?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so, how?		<input type="text"/>	<input type="text"/>
Please describe the cause of the insured's death: <input type="text"/>									
Please list the names and addresses of all treating physicians and hospitals: <input type="text"/>									
<input type="text"/>									
<input type="text"/>									
Did police or other authorities investigate the accident?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If yes, please provide name, address and telephone number of all investigating officers and agencies: <input type="text"/>									
<input type="text"/>									
Was an autopsy performed?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please provide name and address of Medical Examiner: <input type="text"/>			
<input type="text"/>									
Was a coroner's inquest held?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what was the determination? <input type="text"/>			
<input type="text"/>									

CLAIMANT INFORMATION

Claimant's Name: _____
 Age: ☐ Yes Relationship to Insured: _____
 Claimant's Address: _____

 Phone No. (Off): _____ Phone No. (Res): _____
 Is what capacity are you making this claim? ☐ Beneficiary ☐ Executor ☐ Administrator ☐ Guardian ☐ Trustee ☐ Assignee

*Please provide a certified copy of all documents supporting your authority (e.g., Succession Certificate, Notarized Affidavit, Notarized will, etc.) to 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 HDIC 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 photographs 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/We hereby understand, declare, consent and authorize the Company that personal health details, medical history and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Date: DD MM YYYY

Place:

SIGNED (Claimant or authorized person)

HDFC ERGO General Insurance Company Limited (Formerly HDFC General Insurance Limited) till Sept 16, 2018 and L&T Genera Insurance Company Limited upto Sept 17, 2019. CIN: UMC00KX0002PPL171171. Registered & Corporate Office: F-79, HDFC Chase, 1B-1B Building Extension-II, F-79, Main Market, Chandigarh, Mumbai - 400 032. Customer Service Address: F-79, Laxmi Business Park, Andheri West, New Andheri East, Andheri - 400 058. For more details or the policy brochure, terms and conditions, please visit the below link/brochures before availing the said "Take Logo of HDFC ERGO General Insurance Company Ltd." displayed above bearing "HDFCLTG" and ERGOLG. Modified as per the valid Financial Services Consumer Protection norms. Tel: +91 22 7300 7000 Fax: +91 22 65555555 Email: info@hdfcergo.com | www.hdfcergo.com | IN-HDFC-PF-PSEB00V-DIGESLTD | Advt Reg No.: 166.

[illegible]

(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 ☐ Cancelled Cheque ☐ Bank Passbook Copy ☐

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

Declaration: I Mr/ Mrs/ Ms, _____
undesignated, 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:

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HONG KONG General Insurance Company Limited (Formerly HFC General Insurance Limited from Sept 16, 2018) and LAI General Insurance Company Limited (from Sept 15, 2018). CN : 914403007030000000YUYYL7T7T7T7. Registered Corporate Office: 7/F, West Hysan Place, 38-41/Midlands Exchange, 4/F, Tsim Sha Tsui, Hong Kong. Mumbai : 400 025. Customer Service Address: #7/F, East Hysan Place, Andorra/Kowloon/Andorra. Mumbai : 400 025. For more details or benefit features, terms and conditions, please visit the website link below by clicking the red "Link To Logo Of HONG KONG General Insurance Company Ltd." displayed above being to "/HKGTL2" and ERG International Advisors Ltd by HONG KONG General Insurance Company's website links. Tel Fax : 3852 2700 700 Fax : 3852 2700 700 Email : info@hkgtl.com. CN : 914403007030000000YUYYL7T7T7T7. IRDIA Reg No. : L66.

Annexure 2

INDEMNITY BOND (Notarized on 100/- ₹ stamp paper)

This deed of Indemnity executed at _____ on _____ day of _____ 201__ by authorized signatory of (Nominee of the card holder), herein referred to as the “Claimant” in favor of HDFC Ergo General Insurance Co. Ltd., hereinafter referred to as “The Company” (which expression shall whenever the context so requires or permits include its successors and assignees) of the second part.

Whereas the company has insured **HDFC Bank Ltd, Debit/ Credit card holders** under the policy No. -----
----- herein referred to as “Policy” and whereas the Insured policy member (card holder) is reported
to have expired due to an Accident (____dated) and whereas a claim for ₹ _____ under the said policy
has been lodged with the company has agreed to pay the claim of ₹ _____/- to the nominee of the card
holder.

Classification - Internal

In Consideration of the said settlement of the claim by the Company, the Insured /claimant agrees to absolutely and unconditionally, protect, defend, hold harmless, and indemnify the Company, its employee, servants, and agents from and against any liability, claim, demands, or cost or expense that may be caused to, suffered by or occasioned to or whenever may suffer, sustain, incur or be exposed to, due to the occurrence of one or more of the following.

Any breach by the Insured of the terms of the Policy.

Any tax or levy imposed by any statutory or local authority, under any relevant applicable law, rule or regulation, in connection with the subject matter of insurance.

Any defect or claim which exists or which may arise in future in relation to the title of the nominee of the Insured as the only legal heir of the Insured

Any fraudulent act or misrepresentation by the nominee of the Insured.

Any failure by the beneficiary of the Insured to comply with any applicable law, regulation, judgement or decree.

Any failure/delay or omission by the nominee of the Insured to fulfil his/her obligation contained herein.

In the event of the assumed dead person been found alive at any point of time the same will be notified to the company and all necessary steps will be taken for repayment of the claim amount to the company.

Whereas the Insured has also agreed to indemnify and keep indemnified, the Company against any and all claims, demand, actions, consequences, losses, damages, expenses, or proceedings that may be brought or commenced against the company before any payment or liability which the Company may have to bear, suffer, incur, directly or indirectly as a result of making a payment to Insured under the policy pursuant to the decision of such authority or body including any interest, fine, penalty, losses, damages, recoveries, judgments, costs, charges and expenses in respect of such payment to insured under the policy and whereas the insured has agreed to indemnify the Company as aforesaid, the company stipulations contained hereinabove.

In witness whereof, the beneficiary of the Insured above named has set and subscribed his/her hand the day and year first hereinabove written.

Signed and delivered by the

Nominee of the card holder

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In the presence of witness

1.

2.

Annexure 3

NOMINATION DETAILS DECLARATION FROM BANK

This is to hereby confirm that Mr./M₹ _____ was account holder of our bank.
As per our records his/her bank account number is _____ & nominee details of the
said account are as mentioned below.

Name of Nominee - _____

Relation with the Nominee - _____

Authorized Signatory

Bank Seal

Name of employee: -

Employee code: -

Q7. What are the exclusions/conditions applicable?

Only POS/ECOM /SI transactions are covered under debit card insurance policy i.e., **customers have to be active monthly** on either of these to be eligible for insurance covers on his/her debit card.

Q8. For how many cards will I be eligible for the compensation of Insurance cover?

If the customer holds more than 1 card, then the card with the highest insurance cover will be used for ascertaining the total insurance coverage available to the card holder.

Q9. What is covered under fire and burglary insurance cover?

What is excluded-All non-mobile goods are covered under this insurance and all mobile goods are not, for ex. Mobile phone, Laptop, Tablet, headphones, camera etc are mobile objects and hence are excluded.

Q9(a).What is included? Items which belong to the household such as TV, fridge, AC, Ceiling Fan, Oven etc.

Q10. What is the requirement for getting the online fraud/phishing/vishing/skimming transaction covered?

For skimming / phishing / counterfeit card / internet banking extensions - reporting to Bank within 60 days from the statement/billing cycle date. However, this above reporting period will not be applicable where we can establish with documentary evidence that the information of misuse was known to the insured cardholder and he has not taken appropriate steps to prudently block or report the card misuse within 7 days of such knowledge. This intimation will apply for the cardholder only and not the Policyholder (Bank).

Q11. What is considered as a known person for insurance?

Person known to the cardholder means an Insured Person's Spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, maids, servants, person who have access to card and pin.

Q12. Other Documentation and notification T&C

Further, the policy shall cover losses due to skimming / phishing / counterfeit / internet banking frauds extensions subject to a bank's assessment and product feature.

Onus of proof that, the claim does not fall within the policy terms and conditions will be with the product team and Pad insurance team

Policyholder to provide Intimation of Claim as early as possible from date of loss / blocking by the insured.