HDFC ERGO General Insurance Company Limited

GRAMIN SURAKSHA BIMA

Claimant's Statement

INSURED INFORMATION

Insured's Name_____ **Date of Birth** ___/____/____ **Marital Status** _____

Insured's Address

_____

Policy Number _____ **Insured's Occupation (at time of death)**

_____

Certificate Number_____ **Membership Number**_____

Did the Insured have any other accident or life insurance? _____ **If yes, please list all companies, policy numbers and insurance amounts:**__

_____

ACCIDENT INFORMATION

Date of accident _____/_____/_____ **Time and place accident occurred**_____

Please describe in detail the circumstances of accident (attach separate sheet if needed):

_____

_____

_____

_____

Was the accident related to the Insured's occupation? _____ **If so, how?**

_____

Please list the names and addresses of all treating physicians and hospitals:_____

_____

_____

Date of Admission: _____ **Date of Discharge:** _____ **Hospitalization Expenses:**_____

Did police or other authorities investigate the accident? ____ If yes, please provide name, address and telephone number of all investigating officers and agencies:

_____

CLAIM INFORMATION FOR DEATH

Please describe the cause of the Insured's death:

_____

Was an autopsy performed?_____ If yes, please provide name and address of Medical Examiner_____

_____

_____

Was a coroner's inquest held? _____If yes, what was the determination?_____

CLAIM INFORMATION FOR DISABILITY

Nature of Injuries: _____

Has the Accident resulted into Loss of Hand / Hands or Loss of Foot / Feet / Eye / Eyes / Permanent Total Disability of any other type which may prevent the Insured Person engaging in or being occupied with or giving attention to any employment or occupation whatsoever? If yes, please details

_____

Please also attach the Certificates & Reports from the Hospital Authorities or Attending Civil Surgeons certifying the Permanent Total Disablement.