

The issue of this form is not to be taken as an admission of liability

- a) Claim form is to be filled in the capital letter & signed by the insured/claimant
- b) Please do not leave any column unanswered, where any question does not apply, please mention that the same is not applicable
- c) Please read carefully the below list of documents required to speed up processing of your claim
- d) If there is insufficient space, kindly use a separate sheet which can be attached to this form

Claim No.:

DETAILS OF POLICY

Policy No.:

DETAILS OF INSURED

Name of the Insured: _____ Address of the Insured: _____
 Date of Birth: Whether self-employed Salaried

Loan Details

Loan A/c No:
 Name & Address of Bank / Institution: _____

CLAIM DETAILS

i) Major Medical Illness and Procedures

- a) Date of Diagnosis of Major Medical Illness or undergoing of surgery
- b) Please mention the type of Major Medical Illness suffered or surgery undergone _____
- c) Name of the Treating Doctor _____
- d) Contact details of the treating Doctor _____

ii) Personal Accident (Please tick the appropriate box)

- 1. Death due to Accident 2. Permanent Total Disability due to Accident 3. Permanent Partial Disability due to Accident
- Date of Accident: Place of Accident: _____
- Cause of Accident: _____

iii) Loss of Job

- 1. Name of Organization employed: _____
- 2. Address: _____
- Contact number: 3. Designation: _____
- (Please tick the suitable)
- 4. Nature of Employment: Permanent Probation Casual Temporary Seasonal Contractual
- 5. Date of: Termination Suspension Retrenchment

iv) Child Education Benefit

- 1. Name of Children: 1. _____ 2. _____
- 2. Name of Educational Institution: 1. _____ 2. _____
- 3. Standard: 1. _____ 2. _____
- Fees payable (Rs): 1. per annum 2. per annum

Claimed Amount (Rs):

PLEASE PROVIDE YOUR BANK DETAILS: (PLEASE ATTACH CANCELLED CHEQUE LEAF OF BANK ACCOUNT IN THE NAME OF BENICFICARY/ NOMINEE)

- 1. PAN:
- 2. Payee Name (as bank records) _____ 3. Type of Account _____
- 4. Account No. 5. Bank Name & Branch _____
- 6. IFSC:

Declaration

I/WE hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date:
 Place: _____

Signature of Insured

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:
Critical Illness

1. Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,
 - a. name of the Insured person;
 - b. name, date of occurrence and medical details of the Insured Event
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
2. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, outstanding loan statement from the bank as on last EMI (for reducing sum insured) etc.
3. Duly completed claim forms;
Original Discharge Certificate/ Card from the hospital/ Medical Practitioner;
4. Original investigation test reports, indoor case papers
5. Copy of PAN card
6. Any other claim related document
6. Any other claim related document

Accidental Death :

1. Duly completed claim form;
2. Medical Practitioner's Report;
3. First Information Report and Final Police report, wherever necessary;
4. Death certificate, wherever applicable;
5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
6. Disability certificate from a Medical Practitioner or hospital confirming the extent and nature of disability;
7. Post mortem report, if the same was conducted;
8. Certificate, from the Insured stating the amortization schedule, the EMI Amount, Principal Outstanding, outstanding loan statement from the bank as on last EMI (for reducing sum insured) etc.
9. Newspaper cutting (in case the accident has been reported by press)
10. Copy of treatment papers, if any
11. Copy of PAN card
12. Any other claim related document

For Permanent Total / Partial Disablement :

1. Claim Form duly filled in and signed.
2. Copy of treatment papers, if any
3. Disability Certificate or Medical Report determining disability.
4. FIR, Police Panchnama (in case of accident outside residence)
5. Certificate, from the Insured stating the amortization schedule, the EMI Amount, Principal Outstanding, outstanding loan statement from the bank as on last EMI (for reducing sum insured) etc.
6. Copy PAN card
7. Any other claim related documents

Child Education Benefit :

1. Documents for Personal Accident Death
2. Proof to establish relationship-Passport / Education certificate establishing proof of relationship of child with deceased Insured / Birth Certificate or Adoption Papers (if adopted).
3. Photo Identity Proof of Child
4. Age proof of Child
5. Certificate from Educational Institution describing course details
6. Copy PAN card of insured.
7. Any other claim related documents

Involuntary Loss of Job

1. Duly completed claim form;
2. Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
3. Any other claim related documents

Kindly contact us for any queries on

Edelweiss General Insurance Company Limited

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