Edelweiss | GENERAL INSURANCE

Toll Free 1800 12000

EDELWEISS GROUP JANATA PERSONAL ACCIDENT POLICY CLAIM FORM

Need to claim? #TakeUsForGranted to make it easy!

Keep these simple tips in mind:
1. This form should be filled in by the insured person/claimant
2. Issuance of this form does not imply acceptance of liability
3. Please fill all the details in BLOCK LETTERS
4. All fields in this form are mandatory
5. If there is any other information to be provided, please write the same in a separate sheet, sign the sheet and attach it to this form

SECTION A – WHO IS THE INSURED PERSON?

a) Master Policy No.: ______ b) Certificate No.: ______
c) Company/TPA/ASP/Policyholder issued ID card no.: ______
d) Name of Insured Person: ______ e) Photo identity proof: ______
f) Passport / Identity document Number: (wherever applicable) ______
g) Address as per photo identity proof: ______
City: ______ State: ______ Country: ______ Landmark: ______ Postal Code: ______
Phone Number: ______ Email: ______
Date of Joining/Associating: D D M M Y Y Y Y
h) Name of Company (if applicable, as an employee): ______
Employee No.: ______ Branch Location: ______

SECTION B – WHO IS THE CLAIM FOR?

a) Name of the Insured Person/ Claimant: ______
a) Photo Identity Card Number: ______
Gender: Male ☐ Female ☐ Third Gender ☐ d) Age: ______ years ______ months e) Date of Birth: D D M M Y Y Y Y
f) Relationship with Primarily Insured: Self ☐ Spouse ☐ Child ☐ Father ☐ Mother ☐ Other (Please Specify) ______
Occupation: Service ☐ Self-employed ☐ Homemaker ☐ Student ☐ Retired ☐ Other (Please Specify ______
h) Current Residential Address (if different from above): ______
City: ______ State: ______ Country: ______ Landmark: ______ Postal Code: ______
Phone Number: ______ Email: ______

SECTION C – WHAT'S THE BENEFIT BEING CLAIMED?

Death ☐ Permanent Total Disablement ☐ Permanent Partial Disablement ☐
Hospitalization expenses due to Accident ☐ Education Grant ☐
a) Place of Treatment: Within India ☐ Outside India ☐ (Please specify the location): ______
b) Name of Hospital where Hospitalized: ______
Address of the Hospital: ______
Landmark: ______ Country: ______ Town/ City: ______ Postal Code: ______
c) Details of the Accident/event: ______
d) Hospitalization due to: Injury ☐ Illness ☐ e) Date of Injury: D D M M Y Y Y Y
f) Date of Admission: D D M M Y Y Y Y g) Date of Discharge: D D M M Y Y Y Y
h) If due to injury, give cause: Self-inflicted ☐ Road Traffic Accident ☐ Substance Abuse/Alcohol Consumption ☐
i) Medico-legal: (i)Yes ☐ No ☐ (ii) Reported to Police: Yes ☐ No ☐ iii) MLC & FIR attached: Yes ☐ No ☐

SECTION D – DETAILS OF CLAIM

Name of benefits claimed with details:

Total:	₹

Please check that you've attached all the documents!

- [ ] Duly filled and signed Claim Form
- [ ] Photo ID proof of insured and / or nominee or legal heir
- [ ] Death Certificate (issued by local administrative authorities, if applicable)
- [ ] Post Mortem Report (if conducted)
- [ ] Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
- [ ] Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
- [ ] Original treating Medical Practitioner's certificate describing the disablement
- [ ] Original Discharge summary from the Hospital
- [ ] Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
- [ ] Leave/Absence Certificate from Employer (If Employed)
- [ ] Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- [ ] Fitness Certificate issued by the treating doctor.
- [ ] Medical & Investigation reports
- [ ] Prescriptions, and consultation papers of the treatment
- [ ] Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents / Birth Certificate.
- [ ] Photo Identity Proof of Child along with age proof of child
- [ ] Original Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution

SECTION F – DETAILS OF THE BANK ACCOUNT TO PAY YOUR CLAIM INTO

a) PAN: __________ b) Account Number: __________

c) Bank Name and Branch: __________

d) Cheque/DD Payable details: __________ e) IFSC: __________

SECTION G – DECLARATION BY THE INSURED PERSON/CLAIMANT (PLEASE READ VERY CAREFULLY)

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppressed or concealed any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize the Company, its authorized TPA to seek necessary medical information/documents from any hospital/medical practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills/receipts/available documents for the purpose of this claim & that I will not be making any supplementary claim.

Date: D D M M Y Y Y Y

Place: __________

Signature of the Insured Person/Claimant

Edelweiss General Insurance Company Limited, Corporate Office: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai- 400 070, Registered Office: Edelweiss House, Off CST Road, Kalina, Mumbai-400 098, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000 (Toll-Free), 022 42312000 (Call charges applicable) Email: support@edelweissinsurance.com, Website: www.edelweissinsurance.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Edelweiss Financial Services Limited and is used by Edelweiss General Insurance Company Limited under license.