HDFC ERGO General Insurance Company Limited



Customer Information Sheet HDFC ERGO - Paws n Claws

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

SI No	Title		on (Please refer to applicable Poli n next column)	cy Clause	Policy / Clause Number
1	Product Name	HDFC ER	HDFC ERGO- PAWS N CLAWS		
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN146RP0001V01202324			NA
3	Structure	Basis of S	um / Limit Insured		Section B.
		a) Indem	nnity / Modified Indemnity		Coverage
		b) Fixed	Benefit		
4	Interests Insured	Pet as per	policy schedule		Policy Schedule
5	Sum Insured / Motor Insured Declared Value Scope	< <as p<="" per="" td=""><td colspan="3"><<as per="" policy="" schedule="">></as></td></as>	< <as per="" policy="" schedule="">></as>		
6	Policy Coverage	With HDFC ERGO - Paws N Claws policy that provides insurance cover for Your Pet. Various covers offered under this Policy are:			
		Section No.	Section Name	Base/Optional Cover	
		1	Comprehensive (All Risk) Cover	Base	
		2	Customizable Cover (Make your own plan)	Base (Create this by choosing any or all cover's from 2a, 2b, 2c)	
		2a.	Injury Cover		
		2b.	Illness Cover		
		2c.	Surgery Cover		
		3	Third Party Liability		
		4	Trip Cancellation	Optional	
		5	Funeral Expense	Optional	
		6	Veterinary Consultation	Optional	
7	Add-on Cover	< <as per="" policy="" schedule="">></as>			Policy schedule
8	Loss Participation	< <as per="" policy="" schedule="">></as>			Policy schedule

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
9	Exclusions	We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to any of the following unless expressly stated to the contrary in this Policy:	General
		i. Vet Visit Fees for routine check-up, diagnostics o vaccination	r
		ii. Out-patient treatments of the Insured Pet (This exclusion shall not apply for Section 1 : Comprehensive Cover)	
		iii. Any claims arising from the treatment of a pre-existing disease and it's direct complications are excluded under the Policy	
		iv. Treatment for any Congenital Abnormalities	
		v. Costs for cosmetic treatment, elective treatment routine treatment or preventative treatment recommended by a Vet to prevent an Injury or illness Treatments including but not limited to vaccination micro-chipping, spaying, castration, Cryptorchidism (retained testes), grooming, nail clipping, denta scaling, whelping, kittening, bathing, dematting, killing and controlling fleas and worms, spaying to preven the re-occurrence of false pregnancy and any claims as a result of these procedures are excluded	t , , I I
		vi. Treatment undergone purely for cosmetic o psychological reasons to improve appearance However, this exclusion does not apply where such treatments are medically required as apart of treatmen for cancer, Accidents and burns to restore functionality	n t
		vii. Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from disorders of the tempromandibular joint except if the treatment is necessitated due to an Accident.	
		viii. Any claims for diseases for which preventive medicines vaccines has not been taken	/
		ix. In case the regular upkeep of the pet is not maintained in the form of vaccinations, regular check-ups grooming and routine treatments as necessary, any claims arising due to lack of such care shall be denied	, /
		x. Any other coverage that is not mentioned in the respective Sections, will not be covered under this Policy.	2
		xi. Any Homeopathic and Herbal medications.	
		xii. Any treatment or prescription by a non-licensed Vet o Veterinary Hospital	r
		xiii. Treatment in any hospital or by any Veterinary Practitioner or any other provider of services that We have blacklisted and its communicated to You through various means.	9

SI No	Title		iption (Please refer to applicable Policy Clause er in next column)	Policy / Clause Number
		xiv.	Any treatment or diagnostic procedures that is in any way connected with Insured Pet being pregnant, subsequent complications, termination of pregnancy, giving birth, or rearing puppies, unless it is a spaying for a medical condition included and listed above. The treatment of or training for diagnosed behavioural problems.	
		xvi.	Supplements and probiotics, any medical or tracking device, pet accessories. even if prescribed/recommended by a Vet	
		xvii.	Malicious or wilful injury or neglect or gross negligence to Insured Pet caused by You or Your agent or employees or family members.	
		xviii.	Any Claim arising from expenses incurred for treatment of Illness or Injury arising out of: a. Racing; b. Coursing; c. Commercial guarding; d. Any occupational, professional or business uses of the Insured Pet	
		xix.	Unless specifically covered on payment of additional premium and is specified in your policy schedule. Any claim arising from organized fighting involving the	
		XX.	Insured Pet Any animal classified as dangerous by State or Central	
		xxi.	Government Authority. The confiscation or destruction of Insured Pet by Government or Public Authorities, or under applicable Indian Laws.	
		xxii.	Any claim occurring outside the geographical limits of India.	
		xxiii.	Any claim for cost or fees for procedure/surgery for Unproven/ Experimental treatment.	
		xxiv.	Any cost incurred on acupuncture or hydrotherapy, stem cell therapy $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) +\frac{1}{2}\left(\frac{1}{2}\right) +\frac{1}{2}$	
		XXV.	Malignant cancer of any type	
		xxvi	Any charge or fees made by Vet to complete a claim form or to provide information to support claim.	
		xxvii.	In case there is a transfer of ownership of the insured pet	
		xxviii.	Any cost incurred which is covered/insured under any other insurance policy	
		xxix.	Treatment for teeth or gums if they're damaged due to tooth decay, dental or gum disease.	
		XXX.	Any consequential loss, howsoever arising	
		xxxi.	Any claim for a pet not identified in the Policy Schedule $$	
		xxxii.	Any claim arising from theft or disappearance of the Insured Pet	

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		xxxiii. The Insured Person breaking any laws, or regulations, including those relating to animal health or importation	
		xxxiv. If the Insured Pet is sold or where any financial interest whatsoever is parted with by the Insured Person, whether temporarily or permanently	
		xxxv. Any endemic/pandemic disease as declared by the Indian local authorities or state or central government	
		xxxvi. Any damage or injury caused to human or to the animal under section 377 of the Indian penal code.	
		xxxvii. Any claim arising out of war or any act of war, invasion, act of foreign enemy, hostilities (whether declared or not), war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, chemical or biological weapons.	
		xxxviii. Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear	
		xxxix. Any cost directly or indirectly arising or resulting from, or contributed to or by chemical, biological, biochemical or electromagnetic weapon, device, agent or material, whether controlled or uncontrolled, Accidental or otherwise.	
		xl. Any injuries or illnesses or diseases directly or indirectly caused to the Insured Pet by ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.	
10.	Special Conditions and Warranties (if any)	<as per="" policy="" schedule="">></as>	Policy schedule
11.	Admissibility of Claim	 Following are the key parameters leading to admissibility or denial of claims: 1. Pet(s) is sound and healthy at the time of policy sourcing. Pet(s) are vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus. You shall notify the Company in writing (with full particulars) of the knowledge of the specified events within 24hrs for Mortality Benefit & Major Illness and within 72 hrs for all other sections as specified in the Policy. 	

Duly Completed Claim Form Below details of Insured Pet: a. RFID Tagging ID, if available b. Registration Certificate with Local Municipality/ Canine or Kettle Clubs, if available c. Micro Chip Details, if available d. Clinical History (Latest medical reports) 3. Name, Contact Details and address of the attending Vet. 4. Your own Indian bank cancelled cheque copy and bank details. 5. Any other document if required by Us to process the claim. Claims document for Section 1.8.2 • Medical bills/ Invoice and Medical Report / History, Diagnostic Reports in original. • Photos or 30 second video of injury (bites, broken bones or lost limbs as applicable). • Detailed circumstances of the Accident and the names of any witnesses. Turn around time • Intimation: 24hrs for Mortality Benefit & Major Illness and within 72 hours for all other sections as specified in the Policy. • Pendency letters- 7 days • The settlement will be offered within 30 days of receipt of all documents & on being satisfied with the admissibility of the claim. Include a sample claim calculation process for retail products. • Claim has been registered for fever under OPD section with the Sum Insured of 20000 with the total claim amount of INR 1000. • Post scrutinizing the claim documents admissible medical charges are paid with the deduction of co-pay (depending on the plan opted by the customer) Total Bill INR Medicines 2000 Consultation charges 500 Dog food 500 Total bill 1000 Payable claim amount 700 Co-pay 20% (ded) 140 Total claim payable 560	Policy / Clause Number	cription (Please refer to applicable Policy Clause ober in next column)	Title	SI No
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		Payable claim amount 700		
Total claim payable 560		Co-pay 20% (ded) 140		
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Since, it's a reimbursement product the claim amount shall processed in customer's account.	ıall	· ·		

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
12.	Policy Servicing - Claim Intimation and Processing	 Toll free / IVRS number of the Insurer 120 6234 6234 / 022-6234 6234 Website: www.hdfcergo.com Email: care@hdfcergo.com Customer Escalation Matrix Level1In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered, then the Customer can write to: The Complaints & Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: grievance@hdfcergo.com Level 2 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address The Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: cgo@hdfcergo.com Level 3 Office of The Insurance Ombudsman Turn Around Time (TAT) for reimbursement process. Intimation: 24hrs for Mortality Benefit & Major Illness and 	Clause E General Conditions
		 within 72 hours for all other sections as specified in the Policy. Pendency letters- 7 days. The settlement will be offered within 30 days of receipt of all documents & on being satisfied with the admissibility of 	
		the claim. Escalation Matrix when TAT is not satisfied. Customer Escalation Matrix Level 1In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered, then the Customer can write to: The Complaints & Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai — 400078, Maharashtra e-mail: grievance@hdfcergo.com Level 2 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address The Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai — 400078, Maharashtra e-mail: cgo@hdfcergo.com	

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
13.	Grievance Redressal and Policyholders Protection	If You have any grievance about any matter relating to the policy, or Our decision on any matter, or Our decision about Your claim, You can pursue Your grievance with	
		Our Grievance Redressal Officer	
		You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:	
		If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:	
		• Call Centre - 120 6234 6234 / 022-6234 6234	
		Emails— grievance@hdfcergo.com	
		Contact Details for Senior Citizens: 022 6242 6226 I Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch.	
		Company Website – www.hdfcergo.com	
		Courier - Any of our Branch office or corporate office	
		You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.	
		If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at	
		The Complaint & Grievance Redressal Cell, HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra	
		In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address	
		To the Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra e-mail: cgo @hdfcergo.com	
		Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in	
		You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:	
		Insurance claim that has been rejected or dispute of a claim on legal construction of the policy	
		Delay in settlement of claim	
		Dispute with regard to premium	
		Non-receipt of your insurance document	

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		You may also refer Our website www.hdfcergo.com - https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.	
14.	Obligations of the Policyholder	To disclose all information correctly sought by the insurer at time of filling the proposal form	NA
		In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately	
		Non-disclosure of material information may affect the claim settlement.	

Declaration	by the	Policy	/ Holder:

I have read the above and confirm having noted the details.	
Place:	
Date:	(Signature of the Policyholder)

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.