

# Claim Intimation Form



|     |   |                                   |
|-----|---|-----------------------------------|
| 1.  | HDFC ERGO General Insurance Company Limited.<br>Card Number : |                                   |
| 2.  | Policy Number :   |                                   |
| 3.  | Name of Policyholder :<br>(in whose name policy is issued)    | First Name :                      |
|     |   | Last Name :                       |
| 4.  | Name of person admitted :                                     | First Name :                      |
|     |   | Last Name :                       |
| 5.  | Date of Birth / Age :   | (DD__ /MM__ /YYYY__ ) _____ Years |
| 6.  | Address :   |                                   |
|     |   | City : State : Pin Code :         |
| 7.  | Date of loss / Treatment / Event / Admission :                |                                   |
| 8.  | Unique ID of Provider, If any :                               |                                   |
| 9.  | Provider Name :   |                                   |
| 10. | Provider address in case of non network :                     |                                   |
|     |   | City : State : Pin Code :         |
| 11. | Provisional Diagnosis :                                       |                                   |
| 12. | Treatment Planned :   |                                   |
| 13. | Estimated Expenses :  | Rs.                               |
| 14. | Estimated length of stay (if it is an inpatient treatment) :  | _____ Days                        |
| 15. | Contact details, if changed :                                 |                                   |
| 16. | Intimating Persons :  |                                   |
| 17. | Admitting Doctor details :                                    |                                   |

Date :

Place :

Signature of person suffering injury or legally authorized representative