Claim Intimation Form

1.	HDFC ERGO General Insurance Company Limited. Card Number :				
2.	Policy Number :				
3.	Name of Policyholder : (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

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No. 146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Health Claim Services Address: HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower - 1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh. Service No. 022 6158 2020/022 6234 6234. Email: healthclaims@hdfcergo.com.

