

Pradhan Mantri Suraksha Bima Yojana (PMSBY) - Policy Wording

TABLE OF CONTENTS

Sr. No.	Particulars	Page No.
1	Preamble	2
2	Operating Clause	3
3	Standard Definitions	4,5
4	Specific Definitions	6,7
5	Base Coverages	8,9
8	Exclusions	10
9	Standard General Terms & Clauses	11 to 16
10	Specific Terms & Clauses	17,18
11	Annexure A	19 to 22



SECTION 1 - PREFACE

A. PREAMBLE

We will provide Insurance coverage to the **Insured Person(s)** under this **Policy** up to **Sum Insured** subject to Terms, Conditions, Exclusions mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**.

The Coverage under this **Policy** is subject to statements of Policy Holder and/or Insured Persons in the Proposal form/enrollment form, declaration and/or medical reports, and the terms and conditions of this **Policy**.



B. OPERATING CLAUSE

1. Sum Insured for this Policy shall replenish every Policy Year at Renewals
2. There is no free look period applicable in this Policy. Hence, no refunds shall be applicable in such cases
3. The cover shall be for a one-year period commencing from 1st June and upto to 31st May for which option to join / pay by auto-debit from the designated savings bank account on the prescribed forms will be required to be given by 31st May of every year.
4. In case of Mid-term additions full annual premium will be charged and coverage shall be provided until the forthcoming date of 31st May.
5. Individuals who exit the scheme at any point may re-join the scheme in future years through the above modality. New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing.
6. Eligibility: The savings bank account holders of the participating banks aged between 18 years and 70 years who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme.
7. It will be the responsibility of the participating bank/ Post office to recover the appropriate annual premium from the account holders within the prescribed period through 'auto-debit' process.
8. Enrolment form / Auto-debit authorization in the prescribed performa shall be obtained and retained by the participating bank/ Post office. In case of claim, the Insurance Company may seek submission of the same. Insurance Company reserves the right to call for these documents at any point of time.
9. The acknowledgement slip may be made into an acknowledgement slip-cum-certificate of insurance.
10. The scheme is liable to be discontinued prior to commencement of a new future renewal date if circumstances so require.

C. DEFINITIONS

For the purposes of interpretation and understanding of this Policy, we have defined some important words used in the Policy which will have the special meaning accorded to these terms for the purposes of this Policy. For the remaining language and words used, the usual meaning as described in standard English language dictionaries shall apply

I. STANDARD DEFINITIONS

- Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 3. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 4. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 5. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- Def. 6. **Hospital** means any institution established for In-patient Care and **Day Care Treatment of illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 7. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.



- Def. 8. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person`s family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 9. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 10. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods.

II. SPECIFIC DEFINITIONS

- Def. 1. **Age or Aged** means completed years as at the Policy Commencement Date.
- Def. 2. **Adventurous/Hazardous Sports means** any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 3. **Bank** means a bank or any financial institution
- Def. 4. **Biological attack or weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- Def. 5. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- Def. 6. **Commencement Date** means the date and time from which the insurance cover under this Policy begins. It is shown in the Policy Schedule.
- Def. 7. **Coverage Period** means the Period between the Coverage effective date and the expiry date applicable to Insured Person specified in the Policy Schedule/Certificate of Insurance.
- Def. 8. **Endorsement** means a written amendment to the Policy that the Company makes (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original Policy
- Def. 9. **Insured Person** means the person who has proposed the Policy and in whose name the Policy is issued the Person/s who has/have purchased Insurance Cover under this Policy.
- Def. 10. **Master Policyholder** means the Group Owner/Organization/association/entity/society named in the Policy Schedule who has concluded the terms on behalf of the Insured Persons and in whose name the Policy is issued.
- Def. 11. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
- Def. 12. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- Def. 13. **Policy** means Policy Holders and Insured Persons statements in the proposal form and Enrolment form, this Policy wording (including endorsements and Clauses if any), Policy Schedule and



Certificate of Insurance (as the same may be amended from time to time) to which this Policy is attached.

- Def. 14. **Policy period** means the period between the Coverage Commencement Date and the Expiry Date specified in the Certificate of Insurance under the Policy with the Company under which Insured Person is covered.
- Def. 15. **Policy Schedule** means The document accompanying and forming part of the Policy that gives Insured's details and of insurance cover, Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time.
- Def. 16. **Policy Year** means a year following the Coverage Commencement Date and its subsequent annual anniversary.
- Def. 17. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- Def. 18. **Premium** means the amount Insured pay the Company for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.
- Def. 19. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for all benefits claimed during the Policy Year.
- Def. 20. **We/Our/Us** means The HDFC ERGO General Insurance Company that has provided Insurance Cover under this Policy; of the Company.
- Def. 21. **You/Your/Insured** meansthe Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s



SECTION 2 – BENEFITS COVERED UNDER THE POLICY

1. PERSONAL ACCIDENT

I. ACCIDENTAL DEATH

A. Coverage

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule/Certificate of Insurance**, if **Insured Person** sustains **Injury** due to **Accident** during the **Policy Period**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

B. Specific Conditions applicable to Cover I – Accidental Death

The Coverage under this Policy terminates for the Policy Year on admissibility of Claim equal to the Sum Insured as the Company's liability during the Policy Year shall never exceed the Sum Insured under this Policy.

II. PERMANENT DISABLEMENT

A. Coverage

If **Insured Person** sustains **Injury** during **Policy Period**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance with the Benefit table given below, up to maximum of **Sum Insured** mentioned in the **Schedule of Coverage** on **Policy Schedule/Certificate of Insurance** provided such disablement is certified by the **Medical Practitioner**

BENEFIT TABLE

S. No	The Disablement	% of Sum Insured Payable
1	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot	100%
2	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	50%

B. Specific Conditions applicable to Cover II – Permanent Disablement



- i. Benefit under item 1 & 2 of Benefit Table shall be determined by the independent **Medical Practitioner** who will certify the percentage of **Sum Insured** payable taking into consideration the nature of the **Injury** and disability in conjunction with the stated percentages **Sum Insured**.
- ii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims in that Policy Year.
- iii. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during any Policy Year will not exceed the Sum Insured in respect of this Policy.
- iv. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**.

Sr. No.	Table of Benefits*	Sum Insured
1	Accidental Death	Rs. 2,00,000
2	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or one foot	Rs. 2,00,000
3	Total and irrecoverable loss of sight of one eye or loss of use of one hand or one foot	Rs. 1,00,000
*A maximum of Rs. 2,00,000 can be claimed under this policy in a Policy Year		

SECTION 3 - EXCLUSIONS

The Company shall not make payment for any claim in respect of any Insured Person caused by any of the following unless explicitly stated to the contrary in the Policy Schedule

- i. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (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, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. Whilst engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. Whilst participation in **Adventure sports**

SECTION 4 - GENERAL TERMS AND CLAUSES

I. STANDARD GENERAL TERMS AND CLAUSES

1. Fraudulent claim

If any claim made under the **Policy** is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this **Policy** then The **Policy/Coverage** shall be cancelled ab-initio from the Coverage commencement date without any premium refund. All benefits payable, if any, under such **Policy** shall be forfeited with respect to such claim

2. Complete Discharge

Any payment to the **Policyholder**, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

3. Renewal

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause-

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- iii. No loading shall apply on renewals based on individual claims experience
- iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

4. Eligibility Conditions:

The savings bank account holders of the participating banks aged between 18 years and 70 years who give their consent to join / enable auto-debit, will be enrolled into the scheme. In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only.

5. Termination of cover:

This Policy shall terminate on any of the following events and no benefit will be payable thereafter:

- a. Once the Insured Person attain 71 year of age.
- b. Duplicate Enrolment under the Plan (PMSBY) from any other Insurer
- c. Incase payment is not realised against the enrolled member
- d. Closure of Account with the bank or insufficiency of balance to keep the insurance in force.
- e. If the claim be in any respect fraudulent or if any false declaration be made or used in support thereof or any fraudulent means or devices are used by insured or any one acting on insured

behalf to obtain any benefit under the policy or if the loss or damage be occasioned by the wilful act or with connivance of the insured's or any one acting on insured's behalf, then policy shall be void and all benefit under the policy shall be forfeited.

- f. This insurance may be terminated at any time at the request of the Policyholder, in which case We will retain the premium
- g. The Company may cancel this Policy at any time on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured or anyone acting on insured's behalf or on behalf of an Insured Person by giving a 15days notice delivered, or mailed to the latest address as appearing in the records of the company, stating when such cancellation shall be effective. In the event of cancellation for mis-representation, fraud, nondisclosure of material facts, the policy shall stand cancelled ab-initio & all benefits under this Policy shall be forfeited and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured full premium shall be retained.

6. Cancellation

i. Cancellation by Insurer

We may cancel the Policy or Coverage on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form/enrolment form or non-cooperation by **Policy Holder** or **Insured Person**. Cancellation shall be ab initio from the inception date or the Renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

ii. Cancellation by Insured Person

You may be cancelled Your coverage under the Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. No premium will be refunded in case of cancellation and the Company will retain the premium.

7. Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate / Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.



8. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the Policy atleast 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

9. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

10. Grievance Re-dressal Procedure

In case of any grievance the insured person may contact the company through:

Website	www.hdfcergo.com
Contact us	022 6234 6234 / 0120 6234 6234
E-mail	care@hdfcergo.com
Contact Details for Senior Citizen	022 – 6242 – 6226
E-mail ID for Senior Citizen	seniorcitizen@hdfcergo.com
E-mail ID for grievance	grievance@hdfcergo.com
Courier	Grievance cell of any of our Branch office

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link:

<https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
----------------	---------------------	--------------------	--------------------

Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation/level1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation/level2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6ht Floor, Leela Business Park, AndheriKurla Road, Andheri , Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020
	D-301, 3rd floor, Eastern Business District, LBS marg, Bhandup west , Mumbai – 400078		

- i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

11. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

12. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

13. Geography

The policy provides worldwide coverage

14. Grace Period

- i. A grace period of 30 days for Renewal of Coverage is applicable under the Policy.
- ii. For Renewal received after completion of 30-day grace period, the Coverage would be considered as fresh without any Renewal benefits.

15. Endorsements

The following endorsements are permissible during the Coverage Period:

a. Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person (if this does not impact the premium)
- iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

b. Financial Endorsements – which result in alteration in premium

- i. Cancellation of Policy
- ii. Any other financial endorsement

16. Payment of Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the Insured person.
- iii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from



the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vi. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim



II. SPECIFIC TERMS AND CLAUSES

1. Claims Procedure

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website, You can register your claim through call to our IPO (Mobile/Portal) app, e-mail, Call to our call centre.
Claim Intimation Timelines	Within 15 days from the date of occurrence of the event
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number, 2. Name of the Insured Person(s) named in the Policy schedule/Certificate availing treatment (if applicable) 3. Nature of disease/illness/injury (if applicable) 4. Name and address of the attending Medical Practitioner/Hospital (if applicable) 5. Date of admission & probable date of discharge (if applicable) 6. First Information Report and Final Police report, wherever is necessary 7. Any other supporting documents as may be required by the Company 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.

2. Condonation of delay

If the claim is not notified/ or submitted to **Us** within the specified time limits, then **We** shall be provided the reasons for the delay in writing. **We** will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

3. Claim Documents to be submitted

Claims documents to be submitted for Accidental Death	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory) report – To check for drug abuse/intoxication 5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable. 6. Duly filed in Claim form
--	--



Claims documents to be submitted for Permanent Disablement	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 5. Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable. 8. Duly filed in Claim form
---	--

4. Claims Contact details

Claim Intimation:	<p>Service No: 022-62346234 / 0120-62346234</p> <p>Email: healthclaims@hdfcergo.com</p>
Claim document submission at address	<p>HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh</p>

Annexure A - Contact details of Offices of Insurance Ombudsman

S.No	Office Details	Jurisdiction of Office (Union Territory, District)
1	<p>AHMEDABAD Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	<p>BENGALURU Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka.
3	<p>BHOPAL Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202: Email : bimalokpal.bhopal@cioins.co.in</p>	Madhya Pradesh, Chhattisgarh.
4	<p>BHUBANESWAR Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Odisha.
5	<p>CHANDIGARH Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

	<p>Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	
6	<p>CHENNAI Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
7	<p>DELHI Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
8	<p>GUWAHATI Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<p>HYDERABAD Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

10	<p>JAIPUR Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	Rajasthan.
11	<p>KOCHI Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	<p>KOLKATA Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
13	<p>LUCKNOW Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
14	<p>MUMBAI Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).



15	<p>NOIDA Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
16	<p>PATNA Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
17	<p>PUNE Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>