

my: Credit - Personal Accident (Group)

Prospectus

Introduction

HDFC ERGO General Insurance Company Limited takes pleasure in offering an Insurance product which offers protection to all Individuals obtaining loans from Financial Institutes.

The salient features of the product and price are briefly stated hereunder. For further details on definitions, coverage, exclusions and conditions, please refer to my: Credit - Personal Accident (Group) – Policy Wording

Covers under the Policy

Section A – Coverage

1. Credit Shield

We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, if during **Period of Insurance**, **Insured Person** sustains Injury due to Accident which shall within twelve (12) months of its occurrence be the sole and direct cause of:

- I) Death
- II) Permanent Total Disability as specified in table below

Sr. No.	Permanent Total Disability	% of Sum Insured
1	Loss of sight on both eyes	100
2	Loss of both hands	100
3	Loss of both feet	100
4	Loss of one hand and one foot	100
5	Loss of one eye one hand	100
6	Loss of one eye one foot	100
7	Other total permanent total disability	100

The coverage under this section is applicable until policy expiry or loan closure date, whichever is earlier.

2. Accident Shield

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

2.2 Optional Covers

a) Permanent Total Disability

We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, if during Period of Insurance, Insured Person sustains Injury due to Accident which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disability as per Table below

Sr. No.	Permanent Total Disability	% of Sum Insured
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1	Loss of sight on both eyes	100
2	Loss of both hands	100
3	Loss of both feet	100
4	Loss of one hand and one foot	100
5	Loss of one eye one hand	100
6	Loss of one eye one foot	100
7	Other total permanent total disability	100

b) Permanent Partial Disability

We will pay the percentage of Sum Insured as specified in table below, if during Period of Insurance, Insured Person sustains Injury due to Accident which shall within twelve months of its occurrence be the sole and direct cause of Permanent Partial Disability

Table – Permanent Partial Disability	
Permanent Partial Disability of	% of Sum Insured
An arm at the shoulder joint	70
An arm above the elbow joint	65
An arm beneath the elbow joint	60
A hand at the wrist	55
A thumb	20
An index finger	10
Any other finger	5
A leg above mid-thigh	70
A leg upto mid-thigh	60
A leg upto beneath the knee	50
A leg upto mid-calf	45
A foot at the ankle	40
A large toe	5
Any other toe	2
Any eye	50
Hearing loss on one ear	30
Hearing loss on both ears	75
Sense of smell	10
Sense of taste	5

Section B – my: Health Active

The services listed below are available to all Insured Person through Our Network Provider on Our **HDFC ERGO Mobile App** only.

i. Health Coach:

An Insured Person will have access to Health Coaching services in areas as given below:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.



These services will be available through **Our HDFC ERGO Mobile App** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centers.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our **HDFC ERGO Mobile App** and Wellness services are not providing and shall not be deemed to be providing any Medical Advice, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Exclusions Applicable

i.

We will not make any payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies, unless prescribed by a Medical Practitioner
- 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. From participation in adventure sports

Product Details

Policy Type	Individual Sum Insured Basis Only
Age Limit (Age last Birthday as at Policy Inception date)	Minimum Entry Age – 16 Years Maximum Entry Age – Lifetime
Basis of Sum Insured	

	Principal Outstanding Fixed Sum Insured
Sum Insured	Minimum Policy Sum Insured Rs. 1,000 Maximum Policy Sum Insured: Rs.5 Crores
Basis of Payment	Benefit
Policy Duration	Loan Tenure or five years whichever is lower

Claims Process

On the occurrence of any Insured Event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

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
Claim Intimation Timelines	Within 14 days 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 PolicySchedule availing treatment, 3. Nature of injury, 4. Name and address of the attending Medical Practitioner/Hospital 5. Date and time of event if applicable 6. Date of admission if applicable
Claims documents for Credit Shield (Accidental Death) / Accident Shield (Accidental Death)	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Person 2. Copy of address proof (Ration card or electricity bill copy). 3. Attested copy of Death Certificate. 4. Burial Certificate (wherever applicable). 5. Attested copy of Statement of Witness, if any lodged with police authorities. 6. Attested copy of FIR / Panchanama / Inquest Panchanama. 7. Attested copy of Post Mortem Report (only if conducted). 8. Attested copy of Viscera report if any(Only if Post Mortem is conducted). 9. NEFT details & cancelled cheque of the Insured Person 10. Principal Outstanding Statement from Financial Institution
Claims documents for Credit Shield (Permanent Total Disability) / Accident Shield-Permanent Total Disability / Permanent Partial Diability	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Insured Person. 2. Attested copy of disability Certificate from Civil Surgeon of Government Hospital stating percentage of disability. 3. Attested copy of FIR. (If any) 4. All X-Ray / Investigation reports and films supporting to disability. 5. NEFT details & cancelled cheque of Insured Person. 6. Principal Outstanding Statement from Financial Institution

Claims documents submission	In case of any Claim for the Insured Events, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person, immediately but not later than 30 days of date of occurrence of an Insured Event, at own expense to avail the Claim
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

General Conditions

1) **Fraud**

If any claim made by the **Insured Person**, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the **Insured Person** or anyone acting on his/her behalf to obtain any benefit under this **Policy**, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the **Insurer**.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- b) the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the **Policy** benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the **Insurer**.

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) **Condition Precedent to Admission of Liability**

The terms and conditions of the **Policy** must be fulfilled by the **Insured Person** for the Company to make any payment for claim(s) arising under the **Policy**.

4) **Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

5) **Free Look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

6) **Moratorium Period**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits

7) **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 30 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.

8) **Geography**

The cover is operative on worldwide basis.

9) **Non Disclosure or Misrepresentation**

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, willfully or otherwise, the Policy shall be:



- i. cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by **Us**, at **Our** sole discretion, upon 30 day notice by sending an endorsement to **Your** address shown in the Schedule and
 - ii. the claim under such Policy if any, shall be rejected/repudiated forthwith.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
- a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

10) Grace Period

- i. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an injury contracted during the grace period will not be admissible under the Policy.
- ii. For **Renewal** received after completion of 30 days grace period, the policy would be considered as a fresh policy.

Section. 2 If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

- i.
- ii. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

11) Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the **Policy**.

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- i. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-installment premium payment, coverage shall not be available for the period for which no premium is received).
- ii. The **Insured Person** will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated **Grace Period**.
- iii. No interest will be charged If the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- v. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vi. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

12) **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 of this schedule.

- 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.
- vi.

13) **Cancellation**

When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable. For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable. In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the **Insured Person** under the **Policy**. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

- i. The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

- ii. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- iii. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- iv. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

14) **Endorsements**

The following endorsements are permissible during the **Coverage Period**:

1.1. **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

1.2. **Financial Endorsements – which result in alteration in premium**

- i. Any other financial endorsement

11. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

15) **Withdrawal of Policy**



- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

16) Claim Settlement (Provision of Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- ii. 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 intimation to the date of payment of claim at a rate 2% above the bank rate.

The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document. 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**. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall 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, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim. 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.

- iii. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.
- iv. **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

17) 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**.

18) Contact Us

	Within India	Outside India
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<p>Claim Intimation:</p>	<p>Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com</p>	<p>Global Contact no No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email:travelclaims@hdfcergo.com</p>
<p>Claim document submission at address</p>	<p>HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360</p>	<p>HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri East, Mumbai-400059, Ph-022 66383600</p>

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

IRDAI Regulation no 5- This policy is subject to regulation 5 of IRDAI (Protection of Policyholder’s Interests) Regulation

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED’S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.

Premium Table

As Attached

Grievance Redressal Procedure

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

- Website: www.hdfcergo.com
- Contact No 022 6158 2020/ 022 6234 6234
- Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@hdfcergo.com

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 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6158 2020/ 022 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 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri , Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

- 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/>