

## **Claim Process –**

### **Cashless Claims Procedure:**

Applicable only for Accidental Hospitalization Expenses. In order to avail of cashless treatment, the following procedure must be followed by You:

- a) Prior to taking treatment and/or incurring Medical Expenses for any Accidental Injury, at a Network Hospital, the Insured must call Us and request preauthorization by way of the written form which the Company will provide.
- b) After considering the Insured's request and after obtaining any further information or documentation We have sought, the Company may if satisfied send to the Insured or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured along with this Policy and any other information or documentation that the Company have specified must be produced to the Network Hospital identified in the preauthorization letter at the time of Insured's admission to the same.
- c) If the procedure above is followed, the Insured will not be required to directly pay for the Medical Expenses raised out of Accidental Bodily Injury, in the Network Hospital that the Company is liable to indemnify under Accidental Hospitalization Expenses Section and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered.
- d) We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

### **Reimbursement Claim Procedure**

If you meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to our liability:

- a) Policyholder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
- b) Insured Beneficiary must take reasonable steps to lessen the consequence of incidence.
- c) Policyholder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- d) In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

\*Note: Waiver of conditions (a) and (d) may be considered in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for the Insured Person or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

<b>Standard Claim Documents</b>
<b>1. Death Cover</b>
(a) Duly Completed Personal Accident Claim Form signed by Nominee.
(b) Copy of address proof.
(c) Attested copy of Death Certificate.
(d) Burial Certificate (wherever applicable).
(e) Attested copy of Statement of Witness, if any lodged with police authorities.

(f) Attested copy of FIR / Panchanama/ Inquest Panchanama.
(g) Attested copy of Post Mortem Report (only if conducted).
(h) Attested copy of Viscera report if any (Only if Post Mortem is conducted).
(i) Claim form with NEFT details.
<b>2. Permanent Total Disablement Cover/Permanent Partial Disablement</b>
(a) Duly Completed Personal Accident Claim Form signed by insured.
(b) Attested copy of disability certificate from Civil Surgeon of Government.
(c) Hospital stating percentage of disability.
(d) Attested copy of FIR.
(e) All X-Ray / Investigation reports and films supporting to disablement.
(f) Claim form with NEFT details.