

Claim No.: _____

INDUSIND MOTOR ACCIDENTAL MEDICAL EXPENSES - CLAIM FORM

(Issuance of this form does not imply acceptance of the liability) All fields in the form are mandatory.

PERSONAL DETAILS OF CLAIMANT To be filled in BLOCK LETTERS

Policy No.			
Policy Period From	DD / MM / YYYY	To	DD / MM / YYYY
Full Name	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
Address for Communication			
Flat Building			
Road/Street/Sector			
Nearest Landmark	Area		
Taluka/Village/District/City	Pin Code		
State			
Change of the contact Details	☐ Yes, I wish to change my contact details ☐ There is no change in my contact details		
Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.			
Phone No.		Mobile No.	
WhatsApp No.		Alternate Mobile No.	
Email ID		D.O.B.	DD / MM / YYYY
Aadhaar (UIDAI) No.		PAN No.	
Insured Profession	☐ Private Service ☐ Self Employed ☐ Politician ☐ Retired ☐ Student ☐ Government Service ☐ House Wife		
Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		

VEHICLE DETAILS

Registration No.		Chassis No.	
Engine No.		Make	
Model		Class of Vehicle	☐ Two Wheeler ☐ Private Car
EV Battery Serial No.		Motor Serial No.	

MOTOR OWN DAMAGE POLICY DETAILS

Comprehensive/ Own Damage Claim Number	
Comprehensive/ Own Damage Policy Number	
Comprehensive/ Own Damage Policy Insurer's name	


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IndusInd
 Insurance App


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DETAILS OF ACCIDENT

Date	DD / MM / YYYY	Time	HH / MM am/pm
Vehicle Speed		Place of accident	
Name of Garage			
No. of persons traveling at the time of accident excluding driver			
Description of the accident (Please attach a separate sheet if needed)			
For what purpose was the vehicle being used at the time of accident?	☐ Personal ☐ For Hire of Passenger ☐ Carriage of Goods		
Vehicle was plying from	_____ to _____		
Type of Claim:	☐ Accidental Medical Hospitalization ☐ Emergency Road Ambulance ☐ Post Hospitalization ☐ Accidental Medical OPD ☐ Doctor Referral ☐ Hospital Cash Cover		

DRIVER AT TIME OF ACCIDENT

Name			
Correspondence Address			
Telephone Number		Gender	Male / Female
Date of Birth	DD / MM / YYYY	License No.	
Licensing Authority		Valid upto	DD / MM / YYYY
Is the Driver:	☐ Owner ☐ Paid Driver ☐ Any Other Person, please specify _____		
Was the driver under the influence of alcohol:	☐ Yes ☐ No	Type of Licence:	☐ Permanent ☐ Learner
Driver involve in any other accident in last two years	☐ Yes ☐ No If yes, please provide details _____		

PILLION RIDER AT THE TIME OF ACCIDENT

Name			
Correspondence Address			
Telephone Number		Gender	Male / Female
Date of Birth	DD / MM / YYYY		
Was the driver under the influence of alcohol:	☐ Yes ☐ No		
If Yes, please provide the reference number			

CLAIM DETAILS

Type of Claim (Select the appropriate Cover which is being claimed)	☐ Accidental Medical Hospitalization ☐ Doctor Referral ☐ Emergency Road Ambulance ☐ Post Hospitalization ☐ Accidental Medical OPD ☐ Hospital Cash Cover
Has he Emergency Assistance Service Provider been intimated?	☐ Yes ☐ No
If Yes, please provide the reference number	

HOSPITALIZATION DETAILS

Date of Admission	DD/MM/YYYY	Date of Discharge	DD/MM/YYYY
Details of Injury Suffered		Date of Injury sustained	DD/MM/YYYY
ABHA Number		ABHA Address	

Details of Hospital in which treatment was taken:

Name of the Hospital	Address of Hospital
City	PIN Code
State	Telephone No. / Mobile No.
Name of Treating Physician / Surgeon	Qualification

Bill Heads	Amount	Bill Number	Bill Date	Bills Attached
Room Rent & Nursing Charges			DD/MM/YYYY	Yes/No
Doctor / Consultation fees			DD/MM/YYYY	Yes/No
Investigation Charges			DD/MM/YYYY	Yes/No
Surgeon and Assistant Surgeon Charges			DD/MM/YYYY	Yes/No
Anthesis Charges			DD/MM/YYYY	Yes/No
Operation theatre Charges			DD/MM/YYYY	Yes/No
Medicine Charges (Includes Ward, OT, Consumables etc.)			DD/MM/YYYY	Yes/No
Miscellaneous Charges (Admission/Registration etc.)			DD/MM/YYYY	Yes/No
Post Hospitalisation Bills (if any)			DD/MM/YYYY	Yes/No
Taxes/Service Tax/Surcharge			DD/MM/YYYY	Yes/No
Total Claimed Amount				

In support of the above claim, I enclose following documents in original (please indicate by ticking Yes/No)

Claim Form Dully filled	☐ Yes ☐ No	Investigation Reports	☐ Yes ☐ No
Authorisation Form	☐ Yes ☐ No	Medicine/Pharmacy Bills with Doctors Prescription	☐ Yes ☐ No

Discharge Summary	☐ Yes ☐ No	Hospital Bills	☐ Yes ☐ No
Hospital Payment receipt	☐ Yes ☐ No	Indoor Case Papers (duplicate Copy)	☐ Yes ☐ No
Photo Identity Proof	☐ Yes ☐ No	Others (as requested by Company)	☐ Yes ☐ No

As per the Policy Terms & Conditions, the company reserves its rights to have the Insured examined by a Doctor appointed by it for verification of diagnosis

To be filled by Treating Doctor

Date of First Consultation (Prior to Hospitalisation)		With what Complaint the patient was admitted for	
Details of Injury Suffered		Whether the present ailment is compilation of pre-existing diseases?	
Nature of Surgery / treatment given		Number of in-patient beds in the hospital (including ICU)	
Date:			
Place:		(Doctor's Seal & Signature)	

BANK DETAILS FOR NEFT PAYMENT (For Reimbursement Claims)

Name of the Bank Account Holder	☐ Mr. ☐ Mrs. ☐ Ms.	FIRST	MIDDLE	LAST
Bank Account No.	Account:	☐ Saving ☐ Current		
Name of the Bank				
Branch				
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)				
IFSC Code (11 character code appearing on your cheque leaf)				
☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode. Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars				
☐ I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I have received and read the Claim Procedure of the insurer attached to this Claim Form and retained it with me/us. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form.				
Place: _____				
Date: _____				
Signature of the Insured				

REGISTRATION OF CLAIM

Claim Procedure: Step-by-Step Guide for Claims

Claim has to be intimated with our Call Centre at 022 48903009 (Paid)

Intimate the claim to the insurance company immediately. Delay in intimation would tantamount to a violation of policy condition.

TERMS & CONDITIONS

- Please provide your mobile no. for sending SMS about your claim status from time to time.
- Please rush the injured to the hospital.
- Submit all documents listed on time for a speedier claim settlement.**
- Keep original documents ready for verification by our loss assessor.
- We suggest you to opt for a NEFT (electronic fund transfer to your bank account directly) or Aadhaar based payment for a hassle free claim settlement, if you have not chosen to repair at our cashless network garage.
- In case of a loss due to riots inform police immediately.
- The details provided by the Customers in the Mandate form shall be considered as final and IndusInd General Insurance Company Ltd Shall not be responsible for cross verification of any of the details provided therein
- The RTGS/NEFT facility shall be effective for the respective customer(s) within 15 days of the receipt of the Mandate form by IndusInd General Insurance Company Ltd. and/or within such period as may be reasonably required by IndusInd General Insurance Company Ltd. to activate the RTGS/NEFT facility.
- The Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the account of customer on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/NEFT facility or due to any other reasons without any fault/inaction/failure on part of IndusInd General Insurance Company Ltd or any factor beyond the control of IndusInd General Insurance Company Ltd.
- The customer agrees to indemnify, without delay or demur, IndusInd General Insurance Company Ltd and its agents and keep IndusInd General Insurance Company Ltd and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which IndusInd General Insurance Company Ltd may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses
- The Customer May discontinue or terminate the use of RTGS/NEFT facility by giving a minimum of 15 days prior written notice to IndusInd General Insurance Company Ltd. The date of notice will be considered from the date of receipt of such notice by IndusInd General Insurance Company Ltd. The notice of, such termination should be given to IndusInd General Insurance Company Ltd. only at its corporate address and be addressed at IndusInd General Insurance Company Limited, IndusInd Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055
- A Confirmation of the receipt of termination notice given by the customer will be acknowledge through a confirmation Letter by IndusInd General Insurance Company Ltd. In no case can be the customer construe his termination notice as effective unless a confirmation has been provided by IndusInd General Insurance to the customer stating the date of Receipt of such communication by the customer
- The Customer agrees that transaction(s) through RTGS/NEFT may attract inward RTGS/NEFT charges, which if levied by the customer's bank, shall be borne by the customer
- IndusInd General Insurance has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on IndusInd General Insurance Company Ltd. website www.IndusIndgeneral.co.in or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India
- I/We further undertake to refund any excess amount whether demanded by IndusInd General Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from IndusInd General Insurance of such excess credit or such information of excess credit coming to the knowledge of the customer through any other source
- I/We agree that my/our claim payment will be credited from the date IndusInd General Insurance Company Ltd. gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from IndusInd General Insurance Company Ltd. to its bankers will be valid till such instructions is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by IndusInd General Insurance Company Ltd. before the expiry if the notice period of the customer.
- As per IRDAI any claimed amount above 1 lac, Copy of PAN Card/Form 60 of the insured for corporate reimbursement claim/Proposer for retail reimbursement claim is mandatory, and below 1lac Photo identity proof (for eg- Aadhar card, Driving license, Election card, Passport etc) is mandatory
- For NEFT settlements to insured/Proposer we require CTS 2010 cheque, CTS 2010 compliant cancelled cheque should have Name of the Account holder, Account number and IFSC code of the bank to be printed on cheque is mandatory
- Inca Non CTS 2010 compliant cheque photocopy of the passbook/bank statement with all the required details (Name of the Account holder, Account number and IFSC code of the bank should be printed on passbook/bank statement) should be submitted

*Conditions apply

DOCUMENTS TO BE KEPT READY AT THE TIME OF REGISTRATION OF A CLAIM

- Policy Copy • Registration Book • Driving License
- Location, where the vehicle is available for inspection • Injuries to passengers/driver/third parties if any
- Name and particulars of driver who was driving the vehicle at the time of accident

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Name of Insured: _____

TRACK YOUR CLAIM STATUS

You can always track your claim status -

- On our website - www.indusindinsurance.com, in the 'Claims' section or
- Through the Automated Interactive Voice Recorder System at our Call Centre or speak to our Call Centre Executives at **022 4890 3009 (Paid Number)** or
- SMS claimstatus<space><claim number> at **9266334477** to get the claim status

REGISTERED & CORPORATE OFFICE ADDRESS

IRDAI Registration No. 103. IndusInd General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. For any assistance call **(022) 4890 3009 (Paid)**

Claim Discharge Voucher (For Reimbursement Claims)

In consideration of approval of my /our claim, I /we hereby accept from IndusInd General Insurance Company Limited the sum of ₹ _____ Rupees (amount in words) _____ in full and final settlement of my/our claim.

I / we hereby voluntarily give discharge receipt to the company in full and final settlement of all my / our claims present or future arising directly indirectly in respect of the said loss/accident. I /we hereby also subrogate all my/our rights and remedies to the company in respect of the loss/damage.

Claim No : _____

Signature of Insured: _____

Policy No : _____

Name of Insured: _____

Date of loss: _____

Date: _____

Note:

- In case of firm/company owned vehicles stamp & sign of authorized signatory is required.
- Issuance of this voucher is not to be taken as admission of liability.