

# HDFC ERGO General Insurance Company Limited

## CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT



Take it easy!

### CLAIM FORM – PART A

To be filled in by the Insured The issue of this form is not to be taken as an admission of liability

(To be filled in block letters)

#### SECTION A – DETAILS OF PRIMARY INSURED

a) Policy No.:	EC1801479526	b) Sl. No/ Certificate No.:	EC1801479526-1E
c) Company/ TPA ID No.:			
d) Name/Ms.	Lotus Construction Corporation		
e) Address:	54-18-27/A, Block No: B4, 2nd Lane, LIC Colony		
City:	Vijayawada	State:	Andhra Pradesh
Pincode:	520008	Phone No.:	9494032266
		Email ID:	tsn@lotuscorp.in

#### SECTION B- DETAILS OF INSURANCE HISTORY

a) Currently covered by any other mediclaim health insurance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b) Date of commencement of first insurance without break:	
c) If Yes, Company Name:		Policy No.:	
Sum Insured (Rs):		d) Have you been hospitalized in the last four years since inception of the contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:		Diagnosis:	
e) Previously covered by any other Mediclaim/Health insurance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	f) If Yes, Company Name:	

#### SECTION C- DETAILS OF INSURED PERSON HOSPITALISED

a) Name:	Surapaneni Lakshmi Narayana		
b) Relationship to primary Insured:	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	Please Specify: _____	
c) Date of Birth:	01-01-1956	d) Age:	63
e) Address (if different from above)	#7-98, 1st Floor, Kanuru, Near Penamaluru Police Station,		
f) Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
g) Occupation:	<input checked="" type="checkbox"/> Service <input type="checkbox"/> Self employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other	Please Specify: _____	
City:	Vijayawada	State:	Andhra Pradesh
Pincode:	520007		
h) Phone No.:		i) Mobile No.:	7207123999
		j) Email ID:	shrapanenisshree@gmail.com

#### SECTION D- DETAILS OF HOSPITALIZATION

a) Name of the Hospital where admitted:	Prashanthi		
b) Room Category occupied:	<input type="checkbox"/> Daycare <input checked="" type="checkbox"/> Single Occupancy <input type="checkbox"/> Twin Sharing <input type="checkbox"/> 3 or more beds per room		
c) Hospitalisation due to:	<input checked="" type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Maternity	d) Date of Injury/ Date of disease first detected/ Date of delivery:	
e) Date of admission:	30-Nov-2018	f) Time:	09:15 AM
g) Date of discharge:	02-Dec-2018	h) Time:	09:44 PM
i) If injury, give cause:	<input checked="" type="checkbox"/> Self Inflicted <input type="checkbox"/> Road Traffic Accident <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Alcohol Consumption		
j) If Medico legal:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ii) Reported to police?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		iii) MLC Report, & Police FIR attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No