

## Claim procedure GPA

### Claim Intimation

In the event of any claim, intimation to be sent to ZKGI as soon as reasonably possible but not later than 10 days from the date of actual loss, in order for us to provide prompt and effective assistance.

#### **ZKGI can be contacted at:**

- **Toll Free number: 18002120**
- **Email: [care@zurichkotak.com](mailto:care@zurichkotak.com)**

The following information should be provided while intimating the claim:

- a) Policy Number
- b) Name of the Policyholder
- c) Name of the Insured Person in whose relation the Claim is being lodged
- d) Nature of Accident.
- e) Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- f) Date of Admission if applicable
- g) Any other information, documentation as requested by Us

### Documents submission:

All documents must be submitted by the Insured/claimant within 30 days of intimation of claim at the below mentioned address.

List of documents as per section of loss is attached herewith in annexure B

**Documents to be submitted on following email id: [ATClaims@zurichkotak.com](mailto:ATClaims@zurichkotak.com)**

#### **CLAIMS Processing Office:**

ZurichKotak Mahindra General Insurance Company Ltd.  
Unit No. 401, 4Th Floor, Silver Metropolis,  
Jai Coach Compound, Off Western Express Highway,  
Goregaon East, Mumbai – 400063.

#### **TATs for distinct activities:**

Sending claim form and procedure upon receipt of intimation	Within 48 hrs. to claimant
Processing of claim from receipt of complete documents	Within 10 days
Reminders requesting for shortfall – First/second/Final reminder within 7 day notice	In 15 days interval
Claim verification – wherever triggered	Within 21 days

*Days referred above are working days and does not include Saturday / Sunday and public holidays*

#### **Disposal of claim:**

- NEFT is the preferred mode of settlement in favor of the Claimant
- Payment will be in the name of nominee in case of death of primary insured.
- If the claim is not tenable as per the terms and condition of the policy, the same will be communicated to claimant at the address mentioned in the policy certificate.

**Escalation Matrix:**

	Name	Mobile number	Email ID
Level 1	Ms. Vidya Chheda	8097485191	vidya.chheda@zurichkotak.com
Level 2	Mr. Sachin Parte	8097540772	sachin.parte@zurichkotak.com