

Personal Accident

Claim procedure

Claim Intimation

In the event of any claim, intimation to be sent to KGI 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.

KGI can be contacted at:

- **Toll Free number: 1800-266-4545**
- **Email: care@kotak.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 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 A

Documents to be submitted at the following address:

CLAIMS DEPARTMENT

Kotak Mahindra General Insurance Company Ltd.
8th Floor, Zone IV, Kotak Infinity, Bldg. 21, Infinity IT Park,
Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E),
Mumbai – 400097. India.

Document checklist for GPA Claims

A. Check List of Enclosures for Submission of Claim

Documents required for all Claims:	
<input type="checkbox"/>	Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law
<input type="checkbox"/>	Duly completed and signed claim form in original as prescribed by Us
<input type="checkbox"/>	Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station
<input type="checkbox"/>	Copy of Medico Legal Certificate(if conducted) duly attested by the concerned Hospital
<input type="checkbox"/>	Outstanding Principal loan statement as on date of loss duly certified by Financier
1. In case of Accidental Death Benefit:	

<input type="checkbox"/>	Original Death certificate issued by the office of Registrar of Birth & Deaths
<input type="checkbox"/>	Copy of Post Mortem report, if conducted
<input type="checkbox"/>	Copy of chemical analysis / Forensic report, if applicable
<input type="checkbox"/>	Death Summary, if death in Hospital
<input type="checkbox"/>	Copies of Medical records, investigation reports, if admitted to hospital
<input type="checkbox"/>	Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.
2. In case of Permanent Total Disablement/ Permanent Partial Disablement	
<input type="checkbox"/>	Original treating Medical Practitioner's certificate describing the disablement;
<input type="checkbox"/>	Original Discharge summary from the Hospital;
<input type="checkbox"/>	Photograph of the Insured Person reflecting the disablement;
	Prescriptions and consultation papers of the treatment; Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board
<input type="checkbox"/>	Copies of Medical records, investigation reports, if admitted to hospital
<input type="checkbox"/>	Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

Know Your Customer (KYC) documents viz. (address proof of claimant (nominee) and photo ID) would be required for all admissible claims

The above list is only indicative. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the assessment of loss. Cost of such verification shall be borne by the Company.