

## **Personal Accident**

### **Claim procedure**

#### **Claim Intimation**

In the event of any claim, the 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@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 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**

Zurich Kotak General Insurance Company (India) Ltd.

Unit No.401, 4<sup>th</sup> Floor, Silver Metropolis,

Jai Coach Compound, Off Western Express Highway,

Goregaon (East) Mumbai – 400063, Maharashtra, India

***Document checklist for GPA Claims***

**A. Check List of Enclosures for Submission of Claim**

**Documents required for all Claims:**

- 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

- Duly completed and signed claim form in original as prescribed by Us
- Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station
- Copy of Medico Legal Certificate(if conducted) duly attested by the concerned Hospital
- Outstanding Principal loan statement as on date of loss duly certified by Financier

**1. In case of Accidental Death Benefit:**

- Original Death certificate issued by the office of Registrar of Birth & Deaths
- Copy of Post Mortem report, if conducted
- Copy of chemical analysis / Forensic report, if applicable
- Death Summary, if death in Hospital
- Copies of Medical records, investigation reports, if admitted to hospital
- 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**

- Original treating Medical Practitioner's certificate describing the disablement;
- Original Discharge summary from the Hospital;
- 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

- Copies of Medical records, investigation reports, if admitted to hospital
- 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.*