

Need to claim? We won't play the claim game!

Zuno Group Total Protect Policy

Claim Form

Instructions:

- 1. This form should be filled in by the insured person/claimant
- 2. Issuance of this form does not imply acceptance of liability
- 3. Please fill all the details in BLOCK LETTERS
- 4. All fields in this form are mandatory
- 5. If there is any other information to be provided, please write the same in a separate sheet, sign the sheet and attach it to this form

Section A – Details of insured person		
a) Master policy No.:		
b) Certificate No.:		
c) Company/TPA/ASP/Policyholder issued ID card no.:		
d) Name of insured Person: e) Photo identity proof:		
f) Passport No: (wherever applicable)		
g) Address as per photo identity proof:		
City: Country:		
Landmark: Postal code:		
Date of joining/associating: DDMMYYYYY		
Phone No: Email:		
h) Name of company (if applicable):		
Employee No:		
Section B – Details of insured person/claimant claiming for coverage under the policy		
a) Name of the insured person/ claimant:		
b) Photo identity card No:		
d) Age: Y Y Years MM Months e) Date of birth: DDMMYYYYY		
f) Relationship with Primarily Insured: Self Spouse Child Father Mother Other (Please Specify)		
g) Occupation: Service Self-employed Homemaker Student Retired Other (Please Specify)		
h) Current Residential Address (if different from above)		
City: Country:		
Landmark: Postal code:		
Phone Number: Email:		
i) Loan Details: Loan A/c no:		
Loan Start Date: DDMMYYYYY Tenure: Name of Bank/ Financial Institution:		
Address of Bank / Institution:		



Section C – Benefit being claimed for			
Death Permanent partial disability Permanent total disability Temporary total disability			
Accidental hospitalization Others (Please Specify)			
a) Place of treatment: Within India Outside India	(Please specify the location):		
b) Name of hospital where hospitalized:			
Address of the hospital:			
Landmark: Country:	Town/City: Postal Code:		
c) Details of the accident/event:			
d) Hospitalization due to: Injury Illness			
e) Date of injury: DDMMYYYY			
f) Date of admission: DDMMYYYY	g) Date of dDischarge: DDMMYYYYY		
h) If due to injury, give cause: Self-inflicted Road traf	ffic accident Substance abuse/alcohol consumption		
i) Medico-legal: (i)Yes No (ii) Reported to police: Yes No iii) MLC & FIR attached: Yes No			
j) If claiming for any other benefit, please provide details:			
Section D – Details of claim			
a) Name of benefits claimed with details:			
i)			
Total:	₹		
Claim documents submitted – checklist			
Duly signed claim Form	Post mortem report (if conducted)		
Copy of the claim intimation, if any	Inquest report/panchnama		
Hospital main bill	Coroner's report/forensic science laboratory report (if available)		
FIR from police authorities, wherever necessary (in case of accidents outside residence)	Fitness certificate (if available)		
Death certificate from the municipal authorities and death summary from hospital authorities	Any other document(s) required for assessment of claim as per benefit opted		



Section E – Details of assistance services (tick the right option)	
a) Emergency medicalevacuation:	
b) Medical repatriation:	
c) Repatriation of mortal remains:	
d) Compassionate (parental/spouse accommodation):	
Section F – Details of bank account of insured person/nonimee/legal h	eir
e) PAN: f) Bank a	ccount No:
g) Bank name and branch:	
h) Cheque/DD Payable details: i) IFSC:	
Section G – Declaration by the insured person/claimant	(please read very carefully)
Section G – Declaration by the insured person/claimant I hereby declare that the information furnished in this claim form is true have made any false or untrue statement, suppressed or concealed any relation to this claim, my right to claim reimbursement shall be forfeited rized TPA and ASP to seek necessary medical information/documents ed on the person against whom this claim is made. I hereby declare the documents for the purpose of this claim & that I will not be making any	the & correct to the best of my knowledge and belief. If I material fact with respect to questions asked in ed. I also consent & authorize the Company, its authofrom any hospital/medical practitioner who has attendate in the hospital of the bills/receipts/available

Zuno General Insurance Limited, (Formerly known as Edelweiss General Insurance Company Limited) Registered Office: 2nd Floor, Tower 3, Wing B, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai - 400 070, IRDAI Regn. No.: 159, CIN: U66000MH2016PLC273758, Reach us on: 1800 12000 (Toll-Free), 022 42312000 (Call charges applicable) Email: support@hizuno.com, Website: www.hizuno.com, Issuing/Corporate Office: +91 22 4272 2200, Grievance Redressal Officer: +91 22 4931 4422, Dedicated Toll-Free Number for Grievance: 1800 120 216216. Trade logo displayed above belongs to Zuno General Insurance Limited under license.