PERSONAL ACCIDENT CLAIMS PROCESSING- SOP

Intimation:

As far as possible the intimation of a claim needs to be provided to Chola MS through the following modes of intimation:

- Intimation to be given at Chola MS Call Centre @ **1800 208 9100**
- E-Mail: customercare@cholams.murugappa.com ; paclaims@cholams.murugappa.com

Forwarding of Claim Documents:

Upon intimation of the claim in Jansuraksha portal all the document pertaining to the claim will be sent to paclaims@cholams.murugappa.com

.Documents to be furnished:

For Death Claim	
1	Filled Claim form
2	First Aid treatment records, Medicolegal Certificate & Indoor case papers (if hospitalized)
3	Copy of driving License (if RTA)
4	FIR Copy
5	Post Mortem Report
6	Death Certificate
7	Payee NEFT documents
8	Insured KYC documents
9	Nominee ID proofs
10	Final report from the police
11	Viscera report (If preserved as per Post Mortem Report)

For Permanent Total Disablement and Permanent Partial Disablement	
1	Filled Claim form
2	First Aid treatment records/Consultation papers & Medicolegal Certificate
3	Discharge Summary & Indoor case papers (if hospitalized)
4	Full photograph of the insured (After the accident) & Snap shot of injured spot (for disability claim)
5	Payee NEFT details (Insured or claimant) with contact person name, contact no. & Email Id
6	KYC documents
7	Driving License (if RTA)
8	FIR Copy/GD/Panchanama
9	Disability certificate from civil surgeon (for disability claim)
10	Written statement about the accident (When, where & How)

- Chola MS may call for any other document that is necessary for finalization of the claim. The deficiency letter will be forwarded to the claimant directly by registered letter. After 15 days from the dispatch of the 1st letter, 1st reminder would be sent for the documents giving another 15 days for submission of documents. 2nd reminder letter would be send within 15 days from the 1st reminder. Final letter would be sent to submit the documents within 15 days, failing which the claim would be closed. (Timeline for closure would be 2 months from intimation).

Investigation of Claim:

Chola MS will initiate investigation of claim immediately on receipt to the claim documents from the Jansuraksha Portal/Partner. Chola MS will try to complete the investigation within 7 days from the date of appointment of investigator.

Claim Processing:

On receipt of complete set of documents and the investigation report from the investigator the claim would be processed within 7 days.

i) REJECTIONS :

If the claim is inadmissible under the scope of the policy term/conditions/exclusion, Chola will send the repudiation letter directly to the individual client and copy of the same would be provided to Jansuraksha Claims coordinator within 2 working days from the date of last documents submitted and investigation report.

ii) PAYMENTS :

All Claims to be paid in-favor of insured/claimant through NEFT, if any issues arise the same to be paid through Cheque.

iii) MIS:

Chola MS has to share the Settled, Repudiated/closed & Outstanding claims details of MIS with partner in the agreed format.

Claim process TATs – various stages:

- Claim intimation and furnishing of documents within 30 days of occurrence of accident.
- Claim process: within 7 days of submission of complete set of documents for Death claims.

Escalation Matrix:

LEVEL	PERSON NAME	DESIGNATION	EMAIL ID
LEVEL 1	KANNAN N	MANAGER CLAIMS	kannann@cholamsispl.com
LEVEL 2	PRADEEP S	AGM CLAIMS	pradeeps@cholams.murugappa.com
LEVEL 3	Dr. MADHUSUDAN RAO KONDETI	AVP & Head - HAT CLAIMS	madhusudanrao@cholams.murugappa.com

Chola MS
GENERAL INSURANCE

PERSONAL ACCIDENT CLAIM FORM

THE ISSUANCE OF THIS FORM DOES NOT IMPLY ADMISSION OF LIABILITY.

CRM Intimation No		Claim No			
Policy No		From		To	
Sum Insured					
Policy Purchased From:	☐ Online	☐ Agent	☐ Broker	☐ Bancassurance	
Having any policy from another company:	☐ Yes	☐ No			
Company Name					
Policy No		From		To	
Sum Insured					

WHICH BENEFIT TO AVAIL : PLEASE TICK

Accidental Death	☐	Permanent Total Disability	☐
Permanent Partial Disability	☐	Temporary Total Disability	☐
Education Benefit	☐	Accidental Weekly Benefit	☐
Any other benefit			

COMMUNICATION ADDRESS FOR CLAIMS REQUIREMENT

Claimant Name					
Age		Gender:	Male ☐	Female ☐	Transgender ☐
Marital Status		Single ☐	Married ☐		
Relation with the Injured/Deceased					
Communication address		☐ Permanent	☐ Temporary		
Door No		Street Name			
Taluk		District/City		State	
Pin code		Contact No:		Email Id:	

INFORMATION ABOUT INJURED/DECEASED PERSON

Insured Name					
Age		Gender:	Male ☐	Female ☐	Transgender ☐
Marital Status		Single ☐	Married ☐		
Occupation:	☐ Private	☐ Service	☐ Self-Employee	☐ Salaried	
Nature of work					
Employee Id No		Company Name			
Annual Income		Designation:			

INFORMATION ABOUT ACCIDENT

Natural ☐	Unnatural ☐	Homicide ☐	Suicide ☐	
Date of Accident		Time		
Accident Location with Address				
Detailed Description Of The Accident:				
Any Eye Witness	☐ Yes	☐ No	☐ Relation	☐ Unknown
Witness name with address:				
Contact No				

Chola MS
GENERAL INSURANCE

HOSPITAL DETAILS

Any treatment taken after an accident				☐ Yes	☐ No
Hospital Name with Address					
If multiple hospital, please mention the details					
MLC No:		Date of Admission		Date of Discharge	
Date of Death		Place of Death with Address			
Cause of Death					

POLICE INTIMATION DETAILS

Whether Accident Intimated To Police						☐ Yes	☐ No
Whether Police Verified the Accident Spot						☐ Yes	☐ No
Police Station Name with Address							
MLC No:		FIR no.		Date of FIR		Time	
Complaint Name with Relation Details							
FIR against For whom:				IPC Section			

POST MORTEM DETAILS

Whether Post Mortem Done			☐ Yes	☐ No
Hospital Name with Address				
Date of Post Mortem		Time		
Post Mortem Done By Forensic Medicine Officer:			☐ Yes	☐ No
If Yes, Mention The Doctor Reg No:				

DETAILS OF NOMINEE

Nominee Name :					
Relation With Insured		Date Of Birth		Age	
Gender	☐ Male ☐ Female	Address:	☐ Permanent ☐ Temporary		
Door No		Street Name			
Taluk		District/City		State	
Pin code		Contact No :		Email Id	
If Nominee Is Minor, Kindly Provide The Legal Guardian Details					
Name Of Guardian		Age		Gender	☐ Male ☐ Female
Relationship With Insured				Address	☐ Permanent ☐ Temporary
Door No		Street Name			
Taluk		District/City			
State		Pincode			
Nominee Signature/Thumb Impression		Date			

Declaration:

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/ We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited.

Chola MS
GENERAL INSURANCE

MEDICAL CERTIFICATE (TO BE FILLED BY REGISTERED DOCTOR)

Name Of Insured		**Age**		**Gender**	**Male** ☐	**Female** ☐
Current Address						
Hospital Name with address						
Cause Of Accident :						
Injuries were due to accident					☐ **Yes**	☐ **No**
Insured Have Any Medical History					☐ **Yes**	☐ **No**
If Yes,						
At the time of accident insured was under influence of drugs / alcohol / intoxicants?					☐ **Yes**	☐ **No**
If Yes,						

DETAILS OF DISABILITY

Permanent Total Disablement			
Loss Of		**Percentage Of Disability**	
Permanent Partial Disablement			
Loss Of		**Percentage Of Disability**	
Temporary Total Disablement	☐ **Yes** ☐ **No**		
If Yes,			

To Whom It May Concern

I, Dr. ..... After careful personal examination of the case hereby certify that shri /smt./ms. ..... (name & designation of applicant) of the office of the ..... whose signature is given above is suffering from .... And, therefore, I consider, that a period of absence from duty from .....to ..... With effect from ..... is absolutely necessary for the restoration of his/her health.

Date of fitness to resume duty:			
I certify that I have examined the above named insured, the above statements are correct.			
Hospital Name:		**Name Of Examined Doctor**	
Qualification		**Reg No**	
Date		**Signature with Seal**	

PAYABLE TO NOMINEE

Bank Name		**Account Holder Name**	
Account No		**IFSC Code**	
MICR No		**Pan No.**	
Bank Branch			

Chola MS
GENERAL INSURANCE

CLAIM DOCUMENTS CHECK LIST

For Death Claim		For Permanent Total Disablement, Permanent Partial Disablement, Accident Weekly Benefit, Broken Bones	
1	Filled Claim form	1	Filled Claim form
2	First Aid treatment records	2	First Aid treatment records
3	Medicolegal Certificate	3	Indoor case papers (if hospitalized)
4	Indoor case papers (if hospitalized)	4	Discharge Summary
5	Copy of driving License	5	Consultation papers
6	FIR Copy	6	Medicolegal Certificate
7	Post Mortem Report	7	Fitness Certificate
8	Death Certificate	8	All original Medical bills, Final bill & paid receipts, Final bill breakup, Medicine Breakup
9	Payee NEFT documents	9	OPD treatment/follow up records from date of an accident to till fitness
10	Insured KYC documents	10	Settlement letter from other insurance company (if claimed any Mediclaim)
11	Nominee ID proofs	11	Full photograph of the insured (After the accident) & Snap shot of injured spot
12	Final report from the police	12	Employee ID card/Student ID card
13	Viscera report	13	Payee NEFT details (Insured or claimant)
14	Spot Panchanama	14	KYC documents
15	Inquest Panchanama	15	HR Leave certificate along with attendance register during leave periods
		16	Driving License (if RTA)
		17	FIR Copy/GD/Panchanama
		18	X-Ray films with reports/MRI Scan reports
		19	Last three month pay slip (Prior to an accident)
		20	Disability certificate from civil surgeon (for disability claim)
		21	Written statement about the accident (When, where & How)

Loan Protection cover		For Motor PA Death Claim	
In addition to documents required in case of Death or Permanent Total disability.		1	Filled Claim form
1	Outstanding Loan Statement for a period of 6 months which includes date of accident.	2	First Aid treatment records
2	Monthly EMI statement from lender/s	3	Medicolegal Certificate
Modification of Residential Accommodation and Vehicle		4	Indoor case papers (if hospitalized)
In addition to documents required in case of Permanent Total disability		5	Copy of driving License
1	Full photograph of resident/vehicle	6	FIR Copy
2	Photos of before and after modified location	7	Post Mortem Report
3	Original bills for modification	8	Death Certificate
4	RC copy & vehicle insurance copy	9	Payee NEFT documents
Educational Benefit/Girl Child Marriage Grant		10	Insured KYC documents
In addition to documents required in case of Death or Permanent Total disability.		11	Nominee ID proofs
1	Birth Certificate/age proof of the child / children	12	Final report from the police
2	Bonafide student certificate from the school where the child is studying for educational benefit	13	Viscera report
3	Affidavit for Marriage status – for Girl Child Marriage Grant	14	Spot Panchanama
		15	Inquest Panchanama
		16	Indemnity Bond (100 RS stamp paper)
		17	Affidavit (100 RS stamp paper)
		18	Legal heir certificate
		19	Family Card
		20	RC Copy
		21	Policy copy

Address to dispatch the claim documents: **CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**
HAT Claim Office: New No. 319, Old No. 154, Shaw Wallace Building, 2nd Floor, Thambu Chetty Street, Chennai - 600001. T: +91 (0) 44 4044 5400
Chola MS customer support operates 24/7 basis and the contact details are as followed for any queries / grievance: Toll Free Phone No: **1800-208-9100** | E-Mail: **customercare@cholams.murugappa.com**