



## ACKO GROUP HEALTH OPD WALLET

### CLAIM FORM

**NOTE: The submission of this Claim Form is not to be taken as an admission of liability by Acko General Insurance Ltd.**

Please complete this form in CAPITAL LETTERS completely and sign the same. Please do not leave any column unanswered. Mention "N/A", if not applicable.

To be completed by Insured Person/"Claimant".

#### I. DETAILS OF POLICYHOLDER:

▪ Group Name: _____	
▪ Policy No: _____	
▪ Name: _____	Type of Business: _____
▪ Address: _____	
City: _____	State: _____ Pin Code: _____
▪ Telephone Number: _____	Mobile: _____ Office (Optional): _____
E-mail: _____	Date of Birth: DD/MM/YYYY

#### II. DETAILS OF THE INSURED PERSON IN RESPECT OF WHOM CLAIM IS MADE:

▪ Name of Primary Insured: _____	
▪ Name of claimant: _____	Occupation: _____
▪ Address: _____	
City: _____	State: _____ Pin Code: _____
▪ Telephone Number: _____	Mobile: _____ Office (Optional): _____
▪ E-mail: _____	Date of Birth: DD/MM/YYYY
▪ Certificate of Insurance No: _____	
▪ Relationship with Policyholder: _____	
▪ Date of Accident/Injury/Illness: DD/MM/YYYY	Time: HH:MM hrs
▪ Place of Accident/Injury/Illness: _____	
▪ Date of OPD/Health Check/Treatment: DD/MM/YYYY	Time: HH:MM hrs
▪ Place of OPD/Health Check/Treatment: _____	
▪ Details of Accident or Illness: _____ _____	
▪ Details of Claim: _____ _____	
▪ If Accident, whether reported to Police: Yes ___ No ___ (If Yes, Name and Address of Police Station): _____	
▪ _____ If No, Give reasons: _____	
▪ First Information Report (FIR)/ Medico Legal Certificate (MLC) _____ Date: DD/MM/YYYY	
▪ Contact Details of Police Station: _____	

### III. DETAILS OF MEDICAL PRACTITIONER:

<ul style="list-style-type: none"> <li>▪ Name of attending Medical Practitioner:</li> <li>▪ Address of attending Medical Practitioner (Hospital/Clinic):</li> <li>▪ Diagnosis prescribed by Medical Practitioner:</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Whether due to Pre-existing Condition: Yes ____ No ____</li> <li>▪ Whether Insured Person hospitalized after the Accident: Yes ____ No ____ (If Yes, give the following)</li> <li>▪ Name and Address of the Hospital:</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Date of Admission: DD/MM/YYYY</li> <li>▪ Date of Discharge: DD/MM/YYYY</li> </ul>	<ul style="list-style-type: none"> <li>Time: HH:MM hrs</li> <li>Time: HH:MM hrs</li> </ul>

### IV. DETAILS OF BENEFITS CLAIMED:

Sr No.	Name of the Benefit	Amount
1	Online Consultation	
2	Physical Consultation	
3	Prescribed Diagnostic Tests	
4	Prescribed Pharmacy	
5	Preventive Health Check-up	
6	Outpatient Treatment	
7	Vaccination	
8	Outpatient Dental Treatment	
	a) Emergency Dental Services benefit	
	b) Preventive Dental Services	
	c) Dental Radiology Benefit	
	d) OPD Dental Consultation	
	e) Conservative Benefits (Filings)	
	f) Extraction Benefits (non-surgical)	
	g) Endodontic Benefit (Root Canal Treatment)	
9	Eye Care	
	a) Eye Care Consultation	
	b) Eye Care (change in eye power)	
	c) Eye Care OPD	
10	Medical Equipment Cover	
11	Reimbursement Cover	
12	Additional Buffer Sum Insured for the Group	
13	Group Deductible	

**V. DOCUMENTS REQUIRED FOR SUBMISSION OF CLAIM:**

- i. Original pre-authorization request (wherever applicable);
- ii. Copy of pre-authorization approval letter (wherever applicable);
- iii. Copies of valid KYC documents of the Nominee/ claimant (such as Passport/ PAN Card/ Aadhar number etc);
- iv. Copy of FIR/ MLC, in case of accident (if applicable)
- v. Name and address of the attending Medical Practitioner
- vi. Medical reports, case histories, investigation reports, treatment papers, Bills as applicable
- vii. Additional documents required with respect to other coverages will be requested as and when required (if applicable).

**VI. DETAILS OF BANK ACCOUNT FOR CLAIM PAYMENT:**

Please furnish the details below along with copy of cancelled cheque.

- Bank Name: \_\_\_\_\_
- Bank Branch: \_\_\_\_\_
- Bank Account Number: \_\_\_\_\_
- IFSC Code: \_\_\_\_\_ MICR Code: \_\_\_\_\_

**VII. DECLARATION:**

I hereby declare that the information furnished in this claim form is true, complete and accurate to the best of my knowledge and belief. If I have made any false or untrue statement, or I have suppressed or concealed any material fact with respect to questions asked in relation to this claim, my right to claim any benefits under the Policy shall be forfeited.

I also consent and authorize Acko General Insurance Ltd, to seek necessary medical information/ documents from any Hospital/ Medical Practitioner/ Service Provider who has serviced on the person against whom this claim is made.

Date: DD/MM/YYYY \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_  
Place: \_\_\_\_\_

**VIII. DIRECT FUND TRANSFER / EFT MANDATE FORM:**

(Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.)

A) Would you like to opt for Electronic Fund Transfer as mode of payment? Yes No

B) If Yes, kindly provide the below mentioned details:

Payee Name (as per bank records): \_\_\_\_\_

Payee Account No.: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Address of the Bank: \_\_\_\_\_

IFSC Code of the Bank: \_\_\_\_\_ MICR Code No. of the Bank: \_\_\_\_\_



Permanent Account Number (PAN) of Payee:

1. Please attach an ORIGINAL BLANK CANCELLED CHEQUE signed by the Payee.
2. Please attach a PAN CARD copy of Payee.

Terms and conditions for payment through RTGS / NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and Acko General Insurance Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Acko General Insurance Ltd. and or within such period as may be reasonably required by Acko General Insurance Ltd. to activate the RTGS / NEFT facility.
3. The customer agrees that under the RTGS / NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS / NEFT facility or due to any other reasons without any fault / inaction / failure on part of Acko General Insurance or any factor beyond the control of Acko General Insurance Limited.
4. The customer agrees to indemnify, without delay or demur, Acko General Insurance Ltd. and its agents and keep Acko General Insurance Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Acko General Insurance Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. Acko General Insurance Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS / NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to Acko General Insurance Ltd. The date of notice for Acko will be the date of receipt of such notice by Acko. The notice of such termination should be given to Acko only at its corporate address and be addressed at Acko General Insurance Ltd. F Wing, 3rd Floor, Lotus Corporate Park, Off Western Express Highway, Goregaon (E), Mumbai – 400063.
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by Acko General Insurance Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by Acko to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS / NEFT facility may attract inward RTGS / NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer.
8. Acko has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the customers shall be deemed to have accepted the changes terms and conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Acko General Insurance Ltd. website [www.acko.com](http://www.acko.com) or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.

Date: DD/MM/YYYY

Signature of Claimant: \_\_\_\_\_

Place: \_\_\_\_\_