

Fraud Insurance **Terms & Conditions**

Visa Fraud Insurance:

By utilizing or attempting to utilize any of the goods and services under this policy, the Visa Cardholder understands, acknowledges, and agrees that:

- Visa is the master policy holder and the insurance coverage is provided by HDFC Ergo General Insurance Co Ltd and the terms and conditions of the insurance policy shall apply. Any claim, complaint or dispute of any nature arising out of or in relation to the procurement, or attempted procurement by the cardholder of any goods and/or services under this proposition (each a "Claim") shall be settled by the Visa Cardholder directly with the insurance company, and Visa Cardholder shall not make any Claim against Visa.
- Without prejudice to the foregoing, and to the fullest extent permitted by law, Visa shall not be liable to any person for any loss, damage, expenses or claim (whether direct or indirect) in relation to any act or omission related to insurance policy or coverage thereunder or for personal injury, death, false representation or damage in connection with the usage or attempted usage of the insurance proposition or goods and/or services provided under the proposition.

Insurance FAQs

1. [What is the policy period?](#)

The program ends on Sept, 22

2. [What is the coverage available under the policy?](#)

The policy covers unauthorized transactions through the use of any lost or stolen Card. It also covers fraudulent transactions due to skimming, counterfeiting, duplication, phishing or compromised cards.

3. Do I have to register myself into the program?

NA

4. What is the significance of pre & post reporting period?

This is the period during which fraudulent transactions are covered once the card is reported for unauthorized usage.

5. What do I do if my card is lost or stolen?

In Case of card lost/stolen, please block the card immediately so as to avoid any misuse of the card

6. What do I do if there is a fraudulent transaction [online? Is it covered under policy?](#)

If there is fraudulent transaction on your card, please block the card immediately. The policy covers loss on the card due to Internet based transactions

7. What is the meaning of skimming / Counterfeit / Phishing?

Counterfeit Card shall mean a Card which has been embossed or printed so as to pass off as a Card issued by the Bank or which is subsequently altered or modified or tampered with without consent of the Insured named in the Schedule.

8. Which type of frauds are not covered in the policy?

The below kinds of losses are not covered in the policy:

- a. Losses arising as the result of break-down, malfunctioning, hacking, cyber attack or other similar systemic issues on or of the systems and processes of the bank shall not be covered under the policy.
- b. Fraudulent transactions done by person known to the cardholder are specifically excluded
- c. Loss incurred by the cardholder because of misuse of credit card at any site not having authorized Verisign Security status or any other equivalent security status at any point in time for the entire period of the insurance.
- d. Any transactions not confirmed by host website.
- e. Any errors made by the host Website
- f. For detailed exclusion, please refer policy wordings

9. Do I interact with my Bank for any claim in the policy?

There are few documents that would be needed from your bank. For arranging those documents only you have to interact with the bank. All claims related queries will be handled by HDFC Ergo General Insurance Co Ltd

10. If not Bank, then with whom do interact with for claim and how?

All the claims need to be notified to HDFC Ergo General Insurance Company Limited by calling the call center no (022 6234 9220) or emailing the details to us @ visasupport@hdfcergo.com

11. What are the documents needed for processing claim?

The documents needed depend on the type of claim. Please refer claims process note for detailed list

12. In how much time will my claim be processed once I send the documents?

Once all the documents are received (including queried documents), it takes maximum 15 working days to settle the claim

Note: For any further details on coverage and exclusion, policy terms and conditions need to be referred to

Claim Form

Claim Number:

1) Card Details	
Bank Name:	
BIN Number	
Card Number	
Validity Period	
Date of Card Issuance	
Card Limit	
Card Daily Transaction Limit	
2) Card Holder Details	
Card Holder Name:	
Registered Mobile Number	
Card Holder's Address at the time of Loss	
Card Holder's permanent address	
Whether Joint Card Owner (Yes/ No)	
If Yes, Name and Address of the Joint Card Holder	
3) Claim Details	
Date and time of Loss	
Date and time of reporting/ intimation to Bank	
Date and time of blocking the Card	
Loss location (City and Country)	
Type of Loss (with brief details)	
Dispute letter from Card holder with incident details to bank	

<u>Copy of FIR (in case of international transaction copy of police complaint)</u>	
Type of Transaction a) ATM Transaction b) Point of sale (merchant establishment) c) Internet Transaction	
a) For ATM Transactions	
i) Bank Name and Address of ATM	
ii) Screenshot of SMS/ email for deduction	
iii) CCTV footage of ATM	
iv) Passport for international transactions & Boarding pass in case of travel	
v) Maximum Times card swipe/withdrawal allowed at ATM in 1 day - Details	
vi) Maximum Withdrawal amount in 1 day - Product allowance Details	
vii) Office Attendance Details (If applicable)	
viii) Net Banking Logs for 3 months including disputed transaction dates	
ix) Additional documents be asked on case to case basis the nature of loss	
b) For Point of Sale transactions:	
i) Merchant establishment details : (where disputed transaction took place)	
a) Name b) Address c) Contact Number	
ii) Copy of charge slip/vendor copy from POS	
iii) CCTV footage from merchant/ATM (if available)	
iv) Card statement for 3 preceding months (including disputed transactions dates)	

v) Passport for international transactions & Boarding pass in case of travel	
vi) Office Attendance Details (If applicable)	
vii) Net Banking Logs for 3 months including disputed transaction dates	
viii) Additional documents be asked on case to case basis the nature of loss	
c) For Internet Transaction	
i) Website where transaction took place including transaction timing & details	
ii) Type of transaction (Purchase / subscription / Funds Transfer)	
iii) Screenshot of SMS/ email for deduction	
iv) Registered mobile no for card details	
v) Online shopping delivery details	
vi) Copy of card statement for 3 preceding months (including disputed transactions)	
Vii) Card blocking details from Bank	
viii) Passport for international transactions & Boarding pass in case of travel	
ix) Office Attendance Details (If applicable)	
x) Net Banking Logs for 3 months including disputed transaction dates	
xi) Additional documents be asked on case to case basis the nature of loss	
Have you ever before sustained loss of the same nature? If so, give particulars	
Is there any other insurance on the same card? If so, give full particulars	
Any additional information relevant to the claim	
4) Bank Details & KYC documents for Claim Payment:	

<p>In the event payment made to the cardholder:</p> <ul style="list-style-type: none"> i) Pan Card Copy ii) Copy of cancelled cheque iii) Aadhar card copy/Electricity / Telephone bill <p>In the event payment made to the bank:</p> <ul style="list-style-type: none"> i) Bank Pan Card Copy ii) Copy of MOM/AOA iii) Bank NEFT Details 	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

I/we hereby agree, affirm and declare that:

a) The statement/information given/stated by me/us in this claim form is true and complete.

b) No claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d) If I/we have given/made any false or fraudulent statement/information. or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.

e)The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserve the right to process or reject or require further/additional information in respect of the claim.

Date:

Place:

Signature of Card Holder

Specimen Copy on Bank's Letter Head

Place:-

Date: -

To,

HDFC ERGO General Insurance Company Limited,

Mumbai

Dear Sir,

Sub: Misuse of Debit / Credit card No____, BIN No. _____ Issued to Mr. / Ms. _____,
Issued on Date_____.

With respect to the above card having followed usual process, wish to confirm as under

- 1) The said card is blocked on date_____ and time _____to prevent further misuse.
- 2) Card was used for Rs. _____ on date _____ and time_____ vide transaction no. _____.
- 3) The said amount needs to be reimbursed to the said customer by HDFC Ergo General Insurance Company Limited in accordance to the policy terms and conditions.
- 4) We note that HDFC ERGO General Insurance Company Limited has agreed to pay an amount of Rs. _____towards full and final settlement of the claim (reference no : _____) under the insurance policy, vide policy no. _____ effective from _____ to _____ date.
- 5) We, hereby declare that we have not made any payment/reversal to the aforesaid customer.

Bank Details of Customer

Account Number

Bank Name

IFSC CODE

eKYC Number:-

Please do the needful.

Yours Faithfully,

Authorised Signatory

(Stamp & Sign)

Discharge Voucher

Claim Reference No.:

Policy No.: _____ (The policy")

Claimant: Bank Cardholder

If Claimant is Bank:

Name and Branch of the bank: _____

If claimant is Cardholder:

Name of the Cardholder: _____

The claimant _____ seeks indemnification of INR _____ ("the claim") under the policy for the loss arising out of _____. Insurer has agreed to settle an amount of INR _____ towards full and final settlement of the claim. I/We, the claimant(s) herein acknowledge and declare the receipt of Rs. _____ the amount due and payable under the above mentioned claim reference no. towards the full and final settlement of the claim herein.

I/We, hereby declare that the Insurer i.e. HDFC ERGO General insurance Company Ltd. is discharged of all its liabilities that have arisen or may arise directly or indirectly from or in relation to the aforementioned claim under the said policy.

In the event cardholder is the claimant:

Signature of the Cardholder: _____

In the event Bank is the Claimant:

Authorized Signatory with Name & stamp:

Place:

Date:

