

# HDFC ERGO General Insurance Company Limited



## Claim Form

### Business Kisht Suraksha

#### IMPORTANT NOTICE

- Please read this Claim Form fully before answering the questions.
- The claim form is to be completed and signed by the Chief Executive Officer, Managing Director, or by a partner, director or principal officer of the insured or by any authorized person.
- All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- Please send the completed claim form, as soon as possible, to the Company.

Policy Number			
Name of the Responsible Officer			
Details of operation of Insured Peril			
Date of Loss	DDMMYYYY	Loss Location	
Details of Loss			
Claim Amount			
Recovery Details			

#### CLAIMS:

(Person (s) to be notified) For notice of a claim or circumstances which could give rise to a claim

- (a) Claims Department  
HDFC ERGO General Insurance Company Limited  
6th Floor Leela Business Park  
Andheri Kurla Road, Andheri East  
Mumbai - 400059, India

Such notice shall be effective on the date of receipt by the Company at such address

- (a) For all other notices:  
Underwriting Manager  
HDFC ERGO General Insurance Company Limited  
6th Floor Leela Business Park  
Andheri Kurla Road, Andheri East  
Mumbai - 400059, India

#### DETAILS OF BANK ACCOUNT

Name of Bank Account Holder			
Name of Bank Account Holder			
Name of Bank:		Branch:	
MCR Code:		IFSC Code:	
Account:	Saving Current		Current

KYC documents for claim settlement when amount is above 1lakh.

#### DECLARATION

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- 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.
- 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 right to recover there under in respect of any or all claims, past, present or future.
- 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 reserves the right to process or reject or require further / additional information in respect of the claim.
- The above statements are in all respects true and complete and are made without any kind of reservation.

I/ We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me / us to any of its service provider, Promoters or Group Companies.

In case of claim or generally, the Company may be contacted at the following address:

The Manager  
Claims Department  
HDFC ERGO General Insurance Company Limited  
6th Floor Leela Business Park  
Andheri Kurla Road, Andheri East  
Mumbai - 400059, India.

Toll Free Helpline 1800 226 226 / 1800 2 700 700

Such notice shall be effective on the date of receipt by the Company at such address