

# HDFC ERGO General Insurance Company Limited



## HDFC ERGO - Business Secure - Laghu Udyam - Claim Form

"ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY"

- Make true and full disclosures in your claim form.
- Inform the respective authorities, as required.
- Please read this claim form fully before answering the questions.
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.

### DETAILS OF INSURED

1. Policy Number:  Claim Number:

2. Name

3. Address of correspondence:  4. City  5. PIN

6. Contact Number:

7. Name and Address of Mortgagee(s) Or other persons having financial interest in the property:  
  
  
 City  PIN

### DETAILS OF OTHER INSURANCES

8. Name of Insurer:

9. Policy No.(s):

10. Sum Insured (₹)

11. Period: From:  To:

### DETAILS OF LOSS

Claim For: Physical loss of damage / Accidental cover: \_\_\_\_\_

#### Notification of Physical Loss or Damage

12. Time & Date of Loss: \_\_\_\_\_

13. Cause of Loss: \_\_\_\_\_

14. Items affected (give description): \_\_\_\_\_  
\_\_\_\_\_

15. When and where did you last see the lost or damaged property? \_\_\_\_\_

16. Have you informed the Police Authorities &/ or Fire Brigade? If so, when and where? \_\_\_\_\_

Police Station \_\_\_\_\_ Fire Brigade \_\_\_\_\_

Diary No: \_\_\_\_\_

17. Are you the sole owner of the property damaged or stolen? : \_\_\_\_\_  
\_\_\_\_\_

18. Extent of Loss (as more particularly described in the statement below): \_\_\_\_\_  
\_\_\_\_\_

19. Any additional information relevant to processing of claim: \_\_\_\_\_  
\_\_\_\_\_





**Notification of Accidental claim**

1. Date of accident: \_\_\_\_\_ Time and place accident occurred: \_\_\_\_\_
2. Please describe in detail the circumstances of accident (attach separate sheet if needed): \_\_\_\_\_  
\_\_\_\_\_
3. Did police or other authorities investigate the accident? \_\_\_\_\_ If yes, please provide name, address and telephone number of all investigating officers and agencies: \_\_\_\_\_  
\_\_\_\_\_
4. Please list the names and addresses of all treating/consulting physicians or other healthcare providers:  
Name \_\_\_\_\_  
Address \_\_\_\_\_ street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_  
Phone \_\_\_\_\_
5. If hospitalized, please provide name and address of hospital(s) where treatment was received: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any other insurance that may provide coverage for this accident or loss? \_\_\_\_\_ If yes, please identify name, address, and policy number of all other insurance: \_\_\_\_\_  
\_\_\_\_\_

**Claimant Information**

1. Claimant's name: \_\_\_\_\_
2. Relationship to insured: \_\_\_\_\_
3. Claimant's Address: \_\_\_\_\_
4. Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Declaration:**

I \_\_\_\_\_ undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

**Consent for Mode of Claim Payment**

1. Beneficiary Name
2. Mode of Payment
  - Please fill in the fund transfer details: \_\_\_\_\_
  - Insured's Name as per Bank Account: \_\_\_\_\_
  - Bank Account Number: \_\_\_\_\_
  - Branch Name: \_\_\_\_\_
  - IFSC Code: \_\_\_\_\_
  - Email address: \_\_\_\_\_
  - Attachments: Cancelled Cheque Bank / Passbook Copy

Place:

Date:

Signature of the claimant and seal

**Personal Accident claim document checklist**

(Additional documents if required will be requested by the insurer)

- Duly filled and signed claim form
- FIR from police station/medico legal certificate from hospital (MLC copy)
- Post mortem report, inquest panchnama
- Cause of death certificate from treating doctor
- Death certificate from Municipal Corporation
- Histopathology or chemical viscera or blood analysis report from the hospital (If done)
- KYC form or KYC documents (ID and address proof eg. PAN card/Aadhar card/ Ration card/ Passport etc.)
- Original cancelled cheque with name of nominee printed on cheque is required. If name is not printed on cheque, please attach first page of bank passbook / bank statement with stamp
- Disclaimer – We may ask for additional documents on case to case basis.

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

**HDFC ERGO General Insurance Co. Ltd.**  
6th Floor, Leela Business Park,  
Andheri Kurla Road, Andheri(E), Mumbai – 400059

