

# HDFC ERGO General Insurance Company Limited



## ELECTRONIC EQUIPMENT - CLAIM FORM

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

1. Name and address of assured \_\_\_\_\_
2. Description of property damaged \_\_\_\_\_  
\_\_\_\_\_
3. Identification of property damaged \_\_\_\_\_
4. Location of the property \_\_\_\_\_
5. Item number in the policy schedule \_\_\_\_\_
6. Sum Insured \_\_\_\_\_
7. When did the loss or damage occur \_\_\_\_\_
8. Narrate circumstances of loss \_\_\_\_\_
9. Was the equipment in use? By whom? \_\_\_\_\_
10. Date of intimation to insurer \_\_\_\_\_
11. State whether the item damaged was under any guarantee from supplier/manufacturer/repairer. If so, the nature of guarantee and the period. \_\_\_\_\_  
\_\_\_\_\_
12. Did the equipment(s) sustain any damage in any previous accident? If so, details \_\_\_\_\_  
\_\_\_\_\_
13. Have the repairs been put in hand? If so give name and address of repairs \_\_\_\_\_  
\_\_\_\_\_
14. Indicate the estimated repair charges and repair time \_\_\_\_\_
15. State salvage value of the damaged item \_\_\_\_\_
16. Where can the damaged items be inspected? \_\_\_\_\_
17. Are there any other insurance effected by you or any other person(s) covering the loss sustained or any part thereof? If so, give details. \_\_\_\_\_  
\_\_\_\_\_
18. In the event of loss caused by burglary, theft, fire, which police station has been notified? \_\_\_\_\_
19. Any other particulars relevant to the damages. \_\_\_\_\_
20. Additional questions for increased cost of working:  
List of equipments hired: \_\_\_\_\_  
Amount claimed towards increased cost of working: (Please attach detailed working) \_\_\_\_\_

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

I/We hereby understand, declare, consent and authorise the Company that medical details and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature and Seal

# HDFC ERGO General Insurance Company Limited



## Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment                      Cheque                       Fund Transfer

(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code

Email address

Attachments  
In Support of Bank Details  
(Please tick the type of proof submitted)

Cancelled Cheque

Bank Passbook Copy

Declaration: I Mr./ Mrs/ Ms. \_\_\_\_\_  
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.

Signature of Beneficiary  
Stamp Required in case of Company

Date: