HDFC ERGO General Insurance Company Limited



Financial Institution Professional Indemnity Policy - Claims Form

"Issuance of this form is not a proof of admissibility of liability"

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.
- $\bullet \ \ \text{All questions must} \ \text{be answered as fully as possible.} \ Please \ \text{use additional sheets, if necessary and copies of relevant documentation should be attached.}$
- Please send the completed claim form, as soon as possible, to the Company.

	1. DETAILS OF INSURED
a)	Claim Number: Policy Number:
b)	Name Name
	Address of the Insured City PIN
c)	Contact details/ person of the Insured: (Responsible for Claims Handling)
	Title:
d)	Period Of Insurance : From D D M M Y Y Y Y To D D M M Y Y Y Y
e)	Limit of Liability:
	Type of Entity: Individual Corporate Non-Profit Organization Others Do you have Beneficial Ownership: Yes No
	2. DETAILS OF CLAIMANT
a)	Full name & address of the claimant or potential claimant. (i.e. the party making the claim or potential claim against the Insured)
b)	Insured's relation with the claimant:
c)	Description of the claim including a description of the allegations made by the claimant.
	3. DETAILS OF CLAIM OR CIRCUMSTANCES
a)	Date & Time Date on which intimation of the claim was first made against the Insured by the Claimant:
b)	When was the claim/circumstances first notified to HDFC ERGO General Insurance Company Limited?
c) l	Detailed description of the act in chronological order, as to how, when and where the wrongful act happened as well as when the Insured became first aware of the wrongful act:
d)	Have proceedings commenced? If so, please attach a copy of the court documents to be filed or filed before the court by the parties?
e)	Details of other persons or entities who may be responsible or liable for the loss or damage being claimed -

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"Is	ssuance of this form is not a proof of admissibility of liability" Nature and Quantum of damages claimed against Insured with supporting or, if the claimant has not quantified its damages, insured's estimate of the quantum of damages which may be claimed against the insured?
g)	Has any action has been taken by any authority? If yes, please mention the details of the authority and attach copies of all communications exchanged between the insured and authority?
h)	Copy of all relevant contract(s) and/or agreement(s) and all communications between the parties, (e.g. emails, internal memo(s), letter(s), minute(s) or record(s) of meeting(s) if any?
l)	Copy of an internal or external, survey, investigation or test reports and all other relevant reports, including the details of lawyers appointed (if any) ,and the respective engagement letters;
j)	Detailed opinion of the Insured's counsel in connection to the merits and demerits of the case (Please attach the opinion)
k)	Are there additional details about which the insured wish to advice, or which may be of interest to an insurer, so that an insurer will have a better understanding of this matter? If so Please provide details along with supporting documentation.
	4. BANK DETAILS & DOCUMENTS:
a)	Details of Bank Account of the Insured :
	Name of Bank Account Holder
	Bank Account No.
	Name of Bank: Branch:
	MICR Code: IFSC Code:
	Account: Saving Current
	I/We wish:
	Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*
	*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.
b)	KYC documents are compulsory where settlement amount is over 1 lac
/	
1/\/	5. DECLARATION Ve hereby agree, affirm and declare that:
a) b) c) d)	The statements/information given/stated by me/us in this claim form are true, correct and complete. 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. 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.
	ate: DDMMYYYYY
Pla	ace: Signature of the Insured
	Send Notice of Claims to:
	The Manager, Claims Department HDFC ERGO General Insurance Company Limited 6° Floor Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, India Call Centre - 022-6234 6234