

# HDFC ERGO General Insurance Company Limited



## Claim Form

### BUSINESS SURAKSHA PLUS

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

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by authorized person of Insured
- 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

- Name: \_\_\_\_\_
- Address for correspondence \_\_\_\_\_  
\_\_\_\_\_
- Policy Number \_\_\_\_\_ Claim Number \_\_\_\_\_
- Contact Number \_\_\_\_\_
- Details of Beneficial Owner, if any \_\_\_\_\_
- Type of Entity (Corporate / Individual / NPO / Others): \_\_\_\_\_
- Name and Address of Mortgagee(s) Or other persons having financial interest in the property: \_\_\_\_\_

#### DETAILS OF OTHER INSURANCES

- Name of Insurer: \_\_\_\_\_
- Policy No.(s) \_\_\_\_\_
- Sum Insured (Rs.) \_\_\_\_\_
- Period: From \_\_\_\_\_ To: \_\_\_\_\_

#### DETAILS OF LOSS

- Time & Date of Loss: \_\_\_\_\_
- Cause of Loss \_\_\_\_\_
- Items affected (give description): \_\_\_\_\_
- Occupation of the premises at the time of Loss \_\_\_\_\_
- Has the Loss been reported to Fire Brigade? (If not, give reasons): \_\_\_\_\_
- Has the Loss been reported to Fire Police? (If not, give reasons): \_\_\_\_\_
- Address where the loss can be inspected: \_\_\_\_\_
- Please state the Section under which you are making a claim: \_\_\_\_\_
- Is there any other loss triggered under other sections opted for? If yes kindly provide supplementary claim \_\_\_\_\_
- \_\_\_\_\_
- State whether the item damaged was under any guarantee from suppliers/ manufacturer repairer. If so, the nature of guarantee and the period. \_\_\_\_\_
- \_\_\_\_\_
- Did the equipments(s) sustain any damage in any pervious accident? If so, please provide details: \_\_\_\_\_
- \_\_\_\_\_
- State salvage value of the damage item: \_\_\_\_\_
- Extent of Loss (as more particularly described in the statement below): \_\_\_\_\_
- Any additional information relevant to processing of claim: \_\_\_\_\_
- \_\_\_\_\_

Sr. No.	Details of Item affected	Quantity	Rate(INR)	Total Amount (INR)
	<b>Total</b>			

**DETAILS PERTAINING BUSINESS INTERRUPTION**

1. Name of the damaged plant/equipment: \_\_\_\_\_
2. Annual Gross profit: \_\_\_\_\_
3. Period of Indemnity in Months: \_\_\_\_\_
4. Time Excess in days: \_\_\_\_\_
5. Business interruption commencement date: \_\_\_\_\_
6. Probable interruption periods in days: \_\_\_\_\_
7. Estimated amount of Business interruption loss: \_\_\_\_\_
8. Is provisional repair possible?: \_\_\_\_\_
9. If so how long will the repair take?: \_\_\_\_\_
10. Is it possible to reduce the period required for repair by using spare parts in stock or by applying any other measures: \_\_\_\_\_
11. If yes please give details: \_\_\_\_\_
12. What other action is being taken to minimize interruption loss?: \_\_\_\_\_
13. Cost of Interruption: \_\_\_\_\_
14. Estimated loss exclusive of cost for minimizing loss : \_\_\_\_\_
15. Is it possible to compensate for the loss of production by increased plant utilization after the interruption is over?: \_\_\_\_\_
16. If so to what extent?: \_\_\_\_\_
17. Will the interruption cause a spoilage loss?: \_\_\_\_\_
18. If so which goods will be affected and to what extent?: \_\_\_\_\_
19. What measures to prevent or minimize spoilage loss has been taken?: \_\_\_\_\_
20. Was the loss of profits or spoilage loss due to failure of the public power supply? \_\_\_\_\_
21. If so state the duration of failure: \_\_\_\_\_
22. What measures have been taken for alternative power supply?: \_\_\_\_\_
23. Is the claim due to loss or damage at your customer's/supplier's Premises \_\_\_\_\_
24. If so details of the event and address of the plant affected.: \_\_\_\_\_

**BANK DETAILS & DOCUMENTS**

a. Details of Bank Account of the Insured

Name of Bank Account Holder			
Bank Account No			
Name of Bank:		Branch	
MCR Code:		IFSC Code:	
Account	Saving <input type="checkbox"/>	Current <input type="checkbox"/>	
Attachments in support of Bank Details (Please tick the type of proof submitted)	Cancelled Cheque <input type="checkbox"/> Bank Passbook copy <input type="checkbox"/>		
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 to be submitted where settlement amount is over Rs. 1 lac.

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore, save and expect as 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.
- 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 many manner failed to disclosed 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, 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 reserves the right to process or reject or require further / additional information in respect of the claim.
- f. I/We undertake to refund the amount or amounts claimed in the event of all or any of the lost or stolen articles being recovered.
- g. The above statements are in all respects true and complete and are made without any kind of reservation

Place: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature of the insured: \_\_\_\_\_