



Motor Insurance Claim Form

(Please read the instructions given on the reverse before you fill the form.)

(To be filled in by the Insured Policy Holder or Insured's Representative duly authorized by Power and Attorney. Issuance of this claim form is not to be taken as an admission of liability.)

Policy No. Client No.

Details of the Insured Person and Vehicle

Insured Name (Mr./Mrs./Ms.)
 Address of Correspondence
 City Pin
 Tel Mobile* Email
 PAN No. Vehicle No.
 Engine No. Chassis No. CKYC No.

Details of the Driver at the time of Accident

Was the car parked: Yes No
 Name
 Address
 City Pin
 Tel Email: DOB
 Driver is: Owner Paid Driver Relative/Friend. Was he under influence of liquor/drugs: Yes No Driving License No:
 Issuing Authority Driving License Expiry Date
 Type of Vehicles authorized to drive (tick one): LMV Transport Motorcycle

Details of the Accident and Damage to the Insured Vehicle

Date Time am / pm Place
 Cause of Damage: Accident Riot, Strike, Malicious Act Theft and Burglary Flood, Storm, Tempest Fire, Explosion, Self-ignition Earthquake
 Terrorism In transit
 No. of Occupants Estimated Cost of Repairs
 Give a short description of the accident: _____

Third Party Injury / Property Damage

(To be filled in only where a third party injury/death or third party property damage has taken place)

Name
 Occupation Is third party your employee Yes No
 Address
 City Pin

Full Details of Personal Injury _____

Name and Address of Hospital/Doctor attending to the injured person

City Pin

Full details of Property damage _____ Has a claim notice been given to you Yes No

Injury to Driver / Occupant

(To be filled in only when the driver or the occupant is injured)

Was driver or any occupant injured Yes No If yes give details _____

Declaration by the Insured

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and I/We agree if I/We have made of in any further declaration the Company may require respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

I/We hereby declare that, notwithstanding anything to the contrary contained anywhere above, no credit of the service tax, education cess and secondary and higher education cess mentioned on this invoice will be availed by me/us or under, my/our instruction. The eligibility to avail such a credit vests in HDFC ERGO General Insurance Company Ltd. and I/we do not have any intention to avail such credits.

Place

Date

Signature

Instructions – Complete all items in the form and attach the following:

Accident Claims

- Copy of the Registration Book
- Copy of the driving license of the person driving at the time of accident
- FIR, if accident reported to the police
- Estimate of repairs
- KYC, AML documents
- Copy of the Fitness certificate of the vehicle (Commercial Vehicle)
- Copy of the Road permit of the vehicle (Commercial Vehicle)

- Registered load carrying capacity of the vehicles Copy of Lorry receipt (Commercial Vehicle)
- For Accident Claims, the completed and signed claim form along with annexures should be given to the company's representative at the time of vehicle survey at the garage.
- For other claim send the form along with the annexures to our claim department: HDFC ERGO General Insurance Company Limited, 6th Floor, Leela Business Park, Andheri kurla Road, Andheri (East), Mumbai – 400 059.
- Retain a copy of the documents sent for your records. If you have any claim related queries, please email us at: care@hdfcergo.com or call toll-free no: 1800-2-700-700.

