## **HDFC ERGO General Insurance Company Limited**



## PLATE GLASS INSURANCE CLAIM FORM

(The completed claim term should be returned to the Issuing Office of the Company within 7 days of the receipt. The Company does not admit liability by issuing this form)

DETAILS OF THE INSURED																																											
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6. State cause	e as far a	as pos	ssibl	le:																																							
7. If willful, or	by Stone	es. Mo	otor	Ve <sup>1</sup>	hicl	es.	. [								Т	$\top$	Т	$\top$	$\top$	$\top$	$\top$	$\top$	$\top$	$\top$	$\top$	$\top$	$\top$	$\top$	$\top$	T	$\top$	_	T		$\top$	$\top$	_			П	$\neg$	$\top$	
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## **HDFC ERGO General Insurance Company Limited**



## **Consent for Mode of Claim Payment**

Name of Insured						
Policy Number						
Claim Number						
Beneficiary Name						
Mode of Payment (Please tick for mode of pa	Cheque Fund Transfer yment)					
	(All Fields are Mandatory in case of Fund Transfer)					
Insured's Name a Bank Account	s per					
Bank Account Nu	mber					
Branch Name						
IFSC Code	Email address					
Attachments In Support of Bank Det (Please tick the type of	ails Cancelled Cheque Bank Passbook Copy proof submitted)					
Declaration: I Mr./ M	rs/ Ms.					
	eneficiary of the above claim, declare that all details mentioned in this form are true and	d I agı	ree to	the mo	de of pa	ayment
against the particular	claim number mentioned above.					
Signature of Stamp Required in		Date	. D	D M	M	YYY