



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 except 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 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, 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. To my/our knowledge, all the property in respect of which a claim has been made herein was contained in the premises at the time of the theft, and that no person other than myself/ourselves has /have any interest in the said property by bill of sale, or as owner, mortgagee trustee or otherwise, and that there is on other Insurance in respect of loss by theft effected on the said property by me/us or so far as I am/we are aware, by any other person except.....
- g. 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.
- h. The above statements are in all respects true and complete and are made without any kind of reservation.

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

Signature of the insured: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

#### Notification of Accidental claim

1. Date of accident: \_\_\_\_\_ Time and place accident occurred: \_\_\_\_\_
2. Please describe in detail the circumstances of accident (attach separate sheet if needed): \_\_\_\_\_
3. Did police or other authorities investigate the accident? \_\_\_\_ If yes, please provide name, address and telephone number of all investigating officers and agencies: \_\_\_\_\_
4. Please list the names and addresses of all treating/consulting physicians or other healthcare providers:  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin code \_\_\_\_\_ Phone \_\_\_\_\_
5. If hospitalized, please provide name and address of hospital(s) where treatment was received: \_\_\_\_\_
6. Do you have any other insurance that may provide coverage for this accident or loss? \_\_\_\_ If yes, please identify name, address, and policy number of all other insurance : \_\_\_\_\_

#### Claimant Information

1. Name \_\_\_\_\_
2. Relationship to insured \_\_\_\_\_
3. Claimant's Address \_\_\_\_\_
4. Date: \_\_\_\_\_ Place \_\_\_\_\_

Declaration: I \_\_\_\_\_ 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.

#### Consent for Mode of Claim Payment

1. Beneficiary Name \_\_\_\_\_
2. Mode of Payment \_\_\_\_\_
  - Please fill in the fund transfer details: \_\_\_\_\_
  - Insured's Name as per Bank Account: \_\_\_\_\_
  - Bank Account Number: \_\_\_\_\_
  - Branch Name: \_\_\_\_\_
  - IFSC Code: \_\_\_\_\_
  - Email address: \_\_\_\_\_
  - Attachments: Cancelled Cheque Bank / Passbook Copy

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

Date: \_\_\_\_\_

Signature of the claimant and seal

**Personal Accident claim document checklist**

(Additional documents if required will be requested by the insurer)

- Duly filled and signed claim form
- FIR from police station/medico legal certificate from hospital (MLC copy)
- Post mortem report, inquest panchnama
- Cause of death certificate from treating doctor
- Death certificate from Municipal Corporation
- Histopathology or chemical viscera or blood analysis report from the hospital (If done)
- KYC form or KYC documents (ID and address proof eg. PAN card/Aadhar card/ Ration card/ Passport etc.)
- Original cancelled cheque with name of nominee printed on cheque is required. If name is not printed on cheque, please attach first page of bank passbook / bank statement with stamp
- Disclaimer – We may ask for additional documents on case to case basis.

In case of claim or generally, the Company may be contacted at the following address:

HDFC ERGO General Insurance Co. Ltd.  
6th Floor, Leela Business Park,  
Andheri Kurla Road, Andheri(E),  
Mumbai - 400059