

Claim Form

HDFC ERGO CYBER SACHET INSURANCE

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

Important Notice
<ul style="list-style-type: none"> • Please read this claim form fully before answering the questions. • The claim form is to be completed and signed by the insured or by any authorized person. • All questions must be answered as fully as possible. Please 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/Claimant			
Name of the Insured		Policy Number	

2. Details of Claimant			
Full Name of the Claimant		Insured's relationship with Claimant	

3. Contact Details of Insured/Person responsible for handling Claims		
Title	Phone	Email ID

4. Details of Claim OR Circumstances		
a	Date & Time on which the Insured first became aware of facts or circumstances that have/might give rise to a specified events :	
b	When was the claim/circumstances first notified to HDFC ERGO General Insurance Company Limited?	Date: Time:
c	i. Detailed description of the act in chronological order, as to how, when and where the loss occurred ii. Description of the allegations made by the Claimant along with supporting documents (in case of third party, the copies of any proceedings filed against the Insured)	
d	Details of other persons or entities who may be responsible or liable for the loss being claimed	
e	Nature of Loss/Damages along with supporting : Estimate of Loss:	
f	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?	
g	Copy of all relevant contract(s) and/or agreement(s) and all communications between the parties such as investigators, surveyors, lawyers and any other firm	
h	Copy of an internal or external, survey, forensics investigation or test reports and all other relevant reports, including the details of lawyers appointed (if any) ,and the respective engagement letters	
i	Are there additional details about which the insured wish to advice, or which may be of interest to the Company, so that the Company will have a better understanding of this matter? If so, Please provide details along with supporting documentation	

5. Bank Details & Documents			
a) Details of Bank Account of the Insured :			
Name of Bank Account Holder		Account No.	
IFSC Code		MICR Code	
Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>	Name of Bank & Branch	
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 Rs. 1 lac			

6. Declaration

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) 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.
- c) 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.
- d) 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.
- e) The above statements are in all respects true and complete and are made without any kind of reservation.

I/ 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.

Signature:

Date:

Send Notice of Claims to:

The Manager,
Claims Department ,
HDFC ERGO General Insurance Company Limited
6th Floor Leela Business Park,
Andheri Kurla Road, Andheri East,
Mumbai - 400 059,
India.
Call Centre - 022-6234 6234