



Financial Institution Professional Indemnity Policy - Claims Form

“Issuance of this form is not a proof of admissibility of liability”

Important Notice

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by the Chief Executive Officer, Managing Director, or by a partner, director or principal officer of 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

a) Claim Number: Policy Number:

b) Name
 Address of the Insured
 City PIN

c) Contact details/ person of the Insured: (Responsible for Claims Handling)
 Title: Email:
 Phone: Fax No.: Mobile

d) Period Of Insurance: From To

e) Limit of Liability:

f) Type of Entity: Individual Corporate Non-Profit Organization Others

g) Do you have Beneficial Ownership: Yes No

2. DETAILS OF CLAIMANT

a) Full name & address of the claimant or potential claimant. (i.e. the party making the claim or potential claim against the Insured)

b) Insured's relation with the claimant:

c) Description of the claim including a description of the allegations made by the claimant.

3. DETAILS OF CLAIM OR CIRCUMSTANCES

a) Date & Time Date on which intimation of the claim was first made against the Insured by the Claimant :

b) When was the claim/circumstances first notified to HDFC ERGO General Insurance Company Limited?

c) Detailed description of the act in chronological order, as to how, when and where the wrongful act happened as well as when the Insured became first aware of the wrongful act:

d) Have proceedings commenced? If so, please attach a copy of the court documents to be filed or filed before the court by the parties?

e) Details of other persons or entities who may be responsible or liable for the loss or damage being claimed -

