

HDFC ERGO General Insurance Company Limited



Claim Form

TRADE CREDIT INSURANCE POLICY (COMMERCIAL)

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

- Make true and full disclosures in your claim form.
- Inform the respective authorities, as required.
- Please read this claim form fully before answering the questions.
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.

Details of Insured

Policy No

Client No.

Insured Name (Mr./ Mrs./ Ms.)

Address of Correspondence

Pin Code City

Phone Mobile

Email ID

Details of Buyer

Policy No

Client No.

Insured Name (Mr./ Mrs./ Ms.)

Address of Correspondence

Pin Code City

Phone Mobile

Email ID Company Registration Number

Claim Details

How have you established a credit limit against this buyer?

Approved credit limit _____
 Based on information / report _____
 Description of Goods / Services _____

Reason for Non Payment _____

Securities Relating to Dept Retention of title Guarantees of Payment

Details of the Debt

Total amount outstanding _____ Currency of amount outstanding _____

Invoices	First Date	Amount	Due Date	Extended Due Date

Credits	First Date	Amount	Due Date	Extended Due Date

Payments	First Date	Amount	Due Date	Extended Due Date

Interest	First Date	Amount	Due Date	Extended Due Date

Version: CLAIM FORM/Ver - 1 NOV 2021

Collection Cost	First Date	Amount	Due Date	Extended Due Date

If invoices include Tax, please provide the amount: _____

If you will save any agent's fees or commission due to non-fulfillment of the contract by the buyer, please enter the amount: _____

I/We hereby agree, affirm and declare that:

- a. We authorize HDFC ERGO to unconditionally manage the collection of the unpaid debt. HDFC ERGO will take all measures deemed necessary to collect the debt that is specified under 'Details of the Debt' on behalf and for account of us. These measures may include the transfer of this authorization to a Lawyer/Debt Collector or Insolvency Practitioner. In the event that the collection of the debt is not wholly successful, or is not possible due to the debtor's insolvency, to authorize you to treat the information in this form as a formal claim for the loss suffered.
- b. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- c. 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.
- d. 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.
- e. If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in many manner failed to disclosed 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.
- f. 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.
- g. 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.....
- h. The above statements are in all respects true and complete and are made without any kind of reservation.

Place: _____

Date: _____

Signature of Insured

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