HDFC ERGO General Insurance Company Limited





Notification of Physical Loss or Damage (This issue of this form is not to be taken as an Admission of Liability) PLEASE ANSWER ALL QUESTIONS FULLY

Claim	ı N	0.	Policy No.			
1.	1	Name and address of the Insured (in full):				
		Contact No:				
2.		State the place/ location where loss occurred. PIN Code				
3.	((a) Date and time of loss:				
	(b) When discovered and by whom?				
4.	(a) Give brief details of how exactly the loss occurred	1.			
	(b) Specify overleaf the articles stolen and items damaged including the estimated amount of loss				
5.	(t	Has a complaint been lodged with the Police? If so, by whom and when and at which Police Station? (Attach copy of the Police complaint.) If not, this may be done immediately and a copy thereof furnished to the Company with reasons for the delay)	3			
6.	1	s any body suspected for loss? If so, state full details.				
7.		s the Insured the sole owner of the property lost or damaged? If not, details of ownership.				
8.		State the total value of property in the baggage at the ime of loss.				
9.	l t	s there any other Insurance against the present loss under any other Policy? If so, give full particulars.				
Sr. No.		Description of item lost/damaged			Estimated amount of loss ₹	
	+					
	Total:			Total:		
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.						
	The details of all persons having an interest in the property in respect of which the claim is being made are 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.					
•		o 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.				
	f 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.					
	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) T	The above statements are in all respects true and complete and are made without reservation of any kind.					
n	nys	o my/our knowledge, all the property in respect of which a claim has been made herein was contained in the premises all the time of the theft, and that no person other than nyself/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 y theft effected on the said property by me/us or so far as I am/we are aware, by any other person except				
h) I/We undertake to refund the amount or amounts claimed in the event of all any of the lost or stolen articles being recovered						
Di	_					
Place	L			6:	and the state of t	
Date:				Signatu	re of the claimant and seal	