HDFC ERGO General Insurance Company Limited



Claim Form

BHARAT LAGHU UDYAM SURAKSHA POLICY (With Add On Covers)

IMPORTANT NOTICE

- "ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY"
- \ddot{Y} Please read this claim form fully before answering the questions.
- $\ddot{\mathit{Y}} \bullet$ The claim form is to be completed and signed by authorized person of Insured
- Ŷ All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached..

4 0					
1. Po	Policy No.: Claim No.:				
2. Na	lame:				
	address for correspondence				
_					
4. Co	Contact Number				
5. Na	lame and Address of Mortgagee(s) Or other persons having financial interest in the property:				
_					
	DETAILS OF OTHER INSURANCES				
1. Na	lame of Insurer:				
	Policy No.:				
3. St	Sum Insured (Rs.)				
	Period: From To				
DETAILS OF LOSS					
1. Tir	ime & Date of Loss:				
2. Ca	Cause of Loss:				
	tems affected (give description):				
4. Od	Occupation of the premises at the time of Loss:				
5. Ha	las the Loss been reported to Fire Brigade? (If not, give reasons):				
6. Ha	las the Loss been reported to Fire Police? (If not, give reasons):				
	address where the loss can be inspected:				
8. Ex	Extent of Loss (as more particularly described in the statement overleaf):				
9. De	Details of Loss of Money or Loss of Personal effects of employees due to the incident:				
10. Ar	Any additional information relevant to processing of claim:				

Sr. No.	Details of Item affected	Quantity	Rate(INR)	Total Amount (INR)
Total				

BANK DETAILS & DOCUMENTS

a. Details of Bank Account of the Insured

Name of Bank Account Holder			<u>.</u>					
Bank Account No								
Name of Bank:							Branch	
MCR Code:						IFSC Code:		
Account	Saving		Current					
Attachments in support of Bank Details (Please tick the type of proof submitted)				Bank Pas	ssbook copy			
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 to be submitted where settlement amount is over Rs. 1 lac.

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 expect 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 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.
- 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. 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	