HDFC ERGO General Insurance Company Limited

HDFC ERGO Business Secure - Sookshma Udyam - Claim Form



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

Important Notice

1. Policy Number:

2. Name :

- 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

Claim number:

3. A	ddress for correspondence:											
4. C	Contact No.:											
5. N	lame and Address of Mortgage	e(s) Or other persons having financial i	nterest in the property:									
		DE	TAILS OF OTHER INSURANCE	ES								
1. N	ame of Insurer:											
2. P	Policy No.(s):											
3. S	um Insured (Rs.):											
4. P	eriod: From	To:										
			DETAILS OF LOSS									
Clai	m For: Physical loss of damage	e / Accidental cover:										
Ciai	ili Foi. Filysical loss of dailiage	e / Accidental cover.										
		Notifi	ication of Physical Loss or Dan	nage								
1.	Time & Date of Loss:											
2.	Cause of Loss:											
3.	Items affected (give description):											
4.	When and where did you las	t see the lost or damaged property?: _										
5.												
	Police Station	Fire Brigade	Diary No									
6.	Are you the sole owner of the	e property damaged or stolen? :										
7.	Extent of Loss (as more partic	cularly described in the statement belo	w)									
8.	Any additional information re	elevant to processing of claim										
	Sr. No.	Details of Item affected	Quantity	Rate (INR)	Total Amount (INR)							
-												
					1							
\vdash				+								

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.
- 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. 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.
- g. I/We undertake to refund the amount or amounts claimed in the event of all or any of the lost or stolen articles being recovered
- h. The above statements are in all respects true and complete and are made without any kind of reservation.

Date:														S	ignat	ure	of the	ins	ured	:					
				NOTI	FICATION	ON OF	ACCI	IDEN	AL C	LAIM	ı														
1. Date of accident:		Time a	and p	olace a	accide	nt occi	ırred:																		
2. Please describe in detail the circumsta	nces of accide	nt (atta	ch se	eparat	e shee	t if nee	eded):																		
3. Did police or other authorities investiga	te the acciden	t?		If yes	, please	e provi	de na	me, a	ddres	s and	d tele	pho	ne n	umb	er of	all ir	nvesti	gatir	ng o	ffice	rs aı	nd a	genc	ies:	
4. Please list the names and addresses of	all treating/co	nsulting	g phy	sician	s or ot	her he	althca	re pro	vider	'S::															
4. Please list the names and addresses of Name:	all treating/co	nsulting	g phy	sician	s or ot	her he	althca	re pro	vider	s::		T	T	Т		_			T						Т
	all treating/co	nsulting	g phy	rsician	s or ot	her he	althca	re pro	vider	s::	<u> </u>	I	I												T T
Name:	all treating/con	nsulting		rsician	s or ot	her he	althca	re pro	vider	"S::	Pi	n co	de:				<u> </u>								I I
Name: Address:	all treating/co			rsician	s or ot	her he	althca	re pro	vider	rs::	Pi	n co	de:												I
Name: Address: City: Phone:		Stat	te:																						I
Address: City:		Stat	te:																						I I

CLAIMANT	INFORMATION
1. Claimant's name:	
2. Relationship to insured	
3. Claimant's Address:	
4. Date: Place:	
Declaration: I undersigned, legal beneficiary of the above claim, dagainst the particular claim number	leclare that all details mentioned in this form are true and I agree to the mode of payment
CONSENT FOR MO	DE OF CLAIM PAYMENT
1. Beneficiary Name:	
2. Mode of Payment	
Please fill in the fund transfer details:	
Insured's Name as per Bank Account:	
Bank Account Number:	
Branch Name:	
IFSC Code:	
Email address:	-
Attachments: Cancelled Cheque Bank / Passbook Copy	
Date:	
Place:	Signature of the claimant and seal:

Personal Accident claim document checklist

(Additional documents if required will be requested by the insurer)

- Duly filled and signed claim form.
- FIR from police station/medico legal certificate from hospital (MLC copy)
- Post mortem report, inquest panchnama
- Cause of death certificate from treating doctor
- Death certificate from Municipal Corporation
- Histopathology or chemical viscera or blood analysis report from the hospital (If done)
- Original cancelled cheque with name of nominee printed on cheque is required. If name is not printed on cheque, please attach first page of bank passbook / bank statement with stamp
- Disclaimer We may ask for additional documents on case to case basis.

In case of claim or generally, the Company may be contacted at the following address:

HDFC ERGO General Insurance Company Limited

6th Floor Leela Business Park Andheri Kurla Road, Andheri East Mumbai-400059.