

## BUSINESS SURAKSHA PLUS

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 No \_\_\_\_\_

Policy No \_\_\_\_\_

|  |   |  |
|--|---|--|
| 1  | Name and address of the Insured   |  |
| 2  | Name and contact number of contact person to be contacted for survey and discussion.  |  |
| 3  | Please state the Section under which you are making a claim   |  |
| 4  | Sum Insured/Loss limit (as applicable)  |  |
| 5  | Location of the Property  |  |
| 6  | Description of property damage  |  |
| 7  | When did the loss or damage occur   |  |
| 8  | Narrate circumstances of loss   |  |
| 9  | What was the cause of the loss  |  |
| 10   | Is there any other loss triggered under other sections opted for? If yes kindly provide supplementary claim form.                           |  |
| 11   | Date of intimation to Insurer   |  |
| 12   | State whether the item damaged was under any guarantee from suppliers/ manufacturer repairer. If so, the nature of guarantee and the period |  |
| 13   | Did the equipments(s) sustain any damage in any previous accident? If so, please provide details  |  |
| 14   | Have the repair been put in hand? If so give name and address of repairs.   |  |
| 15   | Indicate the estimated repair charges and repair time   |  |
| 16   | State salvage value of the damage item.   |  |
| 17   | Where can the damaged items to be inspected?  |  |
| 18   | In the event of loss caused by Burglary, Theft, Fire which police station has been notified?  |  |
| 19   | Any other particular relevant to the damages  |  |
| 20   | Are there any other insurance affected by you or any other person(s) covering the loss sustained or any part thereof? If so, give details   |  |
| 21   | Any other details & document pertaining to loss   |  |
| <b>Additional questions pertaining to Business Interruption loss:-</b> |   |  |
| 22   | Name of the Damaged plant/equipment   |  |
| 23   | Annual Gross profit   |  |
| 24   | Period of Indemnity in Months   |  |
| 25   | Time Excess in days   |  |
| 26   | Business interruption commencement date   |  |
| 27   | Probable interruption periods in days   |  |
| 28   | Estimated amount of Business interruption loss  |  |
| 29 (a)   | Is provisional repair possible?   |  |
| (b)  | If so how long will the repair take?  |  |
| (c)  | Is it possible to reduce the period required for repair by using spare parts in stock or by applying any other measures                     |  |
| (d)  | If yes please give details  |  |
| (e)  | What other action is being taken to minimize interruption loss?   |  |
| 30   | Cost of Interruption  |  |
| (a)  | Estimated loss exclusive of cost for minimizing loss  |  |

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|     |  |  |
|-----|--|--|
| (b) | Is it possible to compensate for the loss of production by increased plant utilization after the interruption is over? |  |
| (c) | If so to what extent?  |  |
| 31  | Spoilage   |  |
| (a) | Will the interruption cause a spoilage loss?   |  |
| (b) | If so which goods will be affected and to what extent?   |  |
| (c) | What measures to prevent or minimize spoilage loss has been taken?   |  |
| 32  | Power supply failure   |  |
| (a) | Was the loss of profits or spoilage loss due to failure of the public power supply?                                    |  |
| (b) | If so state the duration of failure  |  |
| (c) | What measures have been taken for alternative power supply?  |  |
| 33  | Contingent Business Interruption   |  |
| 34  | Is the claim due to loss or damage at your customer's/supplier's Premises  |  |
| 35  | If so details of the event and address of the plant affected.  |  |
| 36  | Working Periods  |  |
| (a) | Number of days per year on which the plants is in operation?   |  |
| (b) | Normal working hours   |  |
| (c) | Date of next proposed overhaul   |  |
| (d) | Number of working hours on the date of loss?   |  |

## Consent for Mode of Claim Payment

|   |   |   |
|---|---|---|
| 1 | Name of the Insured                       |   |
| 2 | Policy Number                             |   |
| 3 | Claim Number                              |   |
| 4 | Mode of Payment (please tick)             | Cheque <input type="checkbox"/> Fund Transfer <input type="checkbox"/>                |
| 5 | Insured's name as per Bank Account        |   |
| 6 | Bank Account Number                       |   |
| 7 | Branch Name , IFSC code                   |   |
| 8 | Attachments (In Support of Bank Details ) | Cancelled cheque <input type="checkbox"/> Bank passbook copy <input type="checkbox"/> |

I/We hereby agree, affirm and declare that:

- 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.
- 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.
- If 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.
- The above statements are in all respects true and complete and are made without any kind of reservation.
- To 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 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



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h) 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.

i) I/ We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me / us to any of its service provider, Promoters or Group Companies.

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the claimant and seal