HDFC ERGO General Insurance Company Limited

Claim Form

Home Insurance (Revision) – Multi Year Policy

"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

1. Policy Number: _____ Claim Number: _____
2. Name: _____
3. Address for correspondence: _____

   _____
4. Contact Number: _____
5. Name and Address of Mortgagee(s) Or other persons having financial interest in the property:

   _____

   _____

DETAILS OF OTHER INSURANCES

1. Name of Insurer: _____
2. Policy No.: _____
3. Sum Insured (Rs.): _____
4. Period: From_____ To_____

DETAILS OF LOSS

Claim For: Physical loss of damage / Accidental cover: _____

Notification of Physical Loss or Damage

1. Time & Date of Loss: _____
2. Cause of Loss: _____
3. Items affected (give description):_____
4. When and where did you last see the lost or damaged property? _____
5. Have you informed the Police Authorities &/ or Fire Brigade? If so, when and where?

   Police Station _____ Fire Brigade _____ Diary No_____
6. Are you the sole owner of the property damaged or stolen? : _____
7. Extent of Loss (as more particularly described in the statement below): _____

   _____
8. Any additional information relevant to processing of claim: _____

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

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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.

Place: _____

Date: D D M M Y Y Y Y

Signature of the insured: _____

Notification of Accidental claim

1. Date of accident: _____Time and place accident occurred: _____

2. Please describe in detail the circumstances of accident (attach separate sheet if needed): _____

   _____

3. Did police or other authorities investigate the accident? _____ If yes, please provide name, address and telephone number of all investigating officers and agencies:

   _____

   _____

4. Please list the names and addresses of all treating/consulting physicians or other healthcare providers:

Name	Street	Address	City	State	Pin code	Phone

5. If hospitalized, please provide name and address of hospital(s) where treatment was received: _____

   _____

6. Do you have any other insurance that may provide coverage for this accident or loss? _____

   If yes, please identify name, address, and policy number of all other insurance : _____

   _____

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Claimant Information

1. Claimant's name: _____
2. Relationship to insured: _____
3. Claimant's Address: _____
4. Date: D D M M Y Y Y Y Place : _____

Declaration: I _____ undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Consent for Mode 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

Place: _____

Date: D D M M Y Y Y Y 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 Co. Ltd.
6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri (E),
Mumbai – 400059.