



Claim Form

Home Shield Insurance

Notification of Physical Loss or Damage
(The issue of this form is not to be taken as an admission of liability)

Policy No. _____
Claim No. _____

Name and Address of Insured : _____

Telephone/Mobile No.: _____

- 1. Period of Insurance: _____
- 2. Date and Time of Loss:- Date __ / __ / __ Time __AM/PM Place: _____
- 3. Cause of Loss: ☐ a. Fire perils ☐ b. Burglary/theft ☐ c. AOG
☐ d. Accidental damage ☐ e. Electrical & Mechanical Breakdown
☐ f. Other perils insured under the Policy _____
- 4. Details of Loss or Damage: _____
- 5. State the circumstances of the loss or damage _____

- 6. Give details of extent of loss or damage suffered, itemwise

- 7. When and where did you last see the lost or damaged property?

- 8. On what day and at what hour did you first discover the loss or damage?

- 9. If any third party was responsible for the loss or damage, give name and address _____

10. Have you informed the Police Authorities &/ or Fire Brigade? If so, when and where?

Police Station _____ Fire Brigade _____

Diary No. _____

11. Are you the sole owner of the property damaged or stolen?

12. Are there any other insurances upon the same property ? If so give particulars

Policy No. _____

Insurance Company _____

13. Damage to Buildings/Content:

Full description of lost or damaged articles	Estimated cost of repairs/replacement	When and where can the damaged items be inspected?

14. Any other details and documents pertaining to the loss as requested by survey or 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 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 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.

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