HDFC ERGO General Insurance Company Limited



Date:



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.	Description of property damage		
3.	Name and contact number of contact person to be contacted for survey and discussion		
4.	Location of the property		
5.	Section of the cover under which the claim will be referred for i.e EEI, Fidelity, FLOP a supplementary form has to be filled in.		
6.	Sum Insured		
7.	When did the loss or damage occur		
8.	Narrate circumstances of loss		
9.	What was the cause of loss		
10.	Is there any business interruption anticipated? If so please fill in the FLOP claim form as a supplementary form		
11.	Date of intimation to insurer		
12.	State whether the item damaged was under any guarantee from Supplier/Manufacturer/Repairer. If so, the nature of guarantee and the period		
13.	Did the equipment(s) sustain any damage in any previous accident? If so, details		
14.	Have the repairs been put in hand? If so, please provide 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 damage items be inspected?		
18.	Are there any other insurance effected by you or any other person(s) covering the loss sustained or any part thereof? If so, please provide details		
19.	In the event of loss caused by Burglary, Fire which police station been notified?		
20.	Any other particulars relevant to the damage		
/We h	ereby agree, affirm and declare that:		
,	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.		
′	'	g of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.	
	•	: / information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall o 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.		
m by	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		
h) I/\	We undertake to refund the amount or amounts claimed	in the event of all any of the lost or stolen articles being recovered.	
Place:			

Signature of the claimant and seal