## **HDFC ERGO General Insurance Company Limited**



1

### Standalone Motor Own Damage Cover – Private Cars - Claim Form

(Please read the instructions given on the reverse before you fill the form.) (To be filled in by the Insured Policy Holder or Insured's Representative duly authorized by Power and Attorney. Issuance of this claim form is not to be taken as an admission of liability.)

Policy No.											]								Cli	ient	t No	<b>.</b> [																	
							DE	TA	LS	OF	Tŀ	IE I	NS	URI	DI	PER	so	N A	NC	) V	ΈH	ICL	E																
Insured Name (Mr./ Mrs./ Ms.	)																																						
Address of Correspondence																																							
																					Cit	у 🗌											Pin						
	Tel.:												Мо	bile*																									
	Emai																																						
	PAN I	۷o.												Ve	hicle	e No.	. [																						
	Engin	e N	lo. 🗌						T	1	T	1				s No	ľ						T		T	T	1												
																	l							_															
									~ ~				202.0				-		0		201																		
		_							sc		HE	: Di		ER	AI	IHE		ME		· A(		DE				_	-	1	-	1	1	1	-	1				_	
Name																																							
Address																																							
																					Cit	у [											Pin						
Tel.:							М	lobil	e* [																														
Email																													I	DOI	в: [	D	D	М	М	Y	Y	Y	Y
Driver is: Owner	Paid D	Drive	er		Rela	ative	e/Fri	iend	_		,	Was	he	und	er ir	nfluei	nce	e of li	aud	or/d	Irua	s:			Ye	s		Nc	_										
Driving License No:				-				ıg Aı		ority											T	7	D	rivi		Lice	nse			Dat		D	D	М	М	Y	Y	Y	Y
-	to drivo	(+: 0	k and	 \.	Г	_	LM			_						Moto				_	_				ing i		1150	-7F	, ii y	Dui									
Type of Vehicles authorized	to unve	(LICI	копе	).				v			Idi	ispo	ΠL			Moto	лсу	cie																					
				DE	TAI	LS	OF	TH	ΕA	CCI	DE	NT	٩A		DAN	ЛАG	E.	гот	THE	EIN	งรเ	JRE	D١	/Eŀ	IIC	LE													
Date D D M M Y Y	ΥY							Tim	e 🗌				a	ım/ p	m						Ρ	lace	e [																
Causeof Damage: Accid	lent	[	F	liot,	Strik	e, N	1alic	ious	Ac	t		Т	hef	t and	d Bu	rglar	y		Γ		Floo	od, i	Stor	m, 1	Гет	pes	t				Fi	re,	Exp	losio	on, !	Self	-ign	itio	n
Earth	quake	ĺ	т	erro	rism							_ _ Ir	n tra	nsit																									
No. of Occupants		L			mate		ost	of R	ona	irc		1							1																				
				Loui	mate	uc	031	0110	cpu	11.5		_																											
Give a short description of th	ie accid	ent:																																					—
								ΤН	IRD	) PA	R	ΥI	NJ	URY	′ / F	RO	PE	RTY	D/	AM	IAG	E																	
		(	To be	fille	d in	only	/ wh	ere	a th	ird p	bart	y inj	ury	/dea	th o	r thir	rd p	barty	pro	ppe	rty o	dam	age	has	s ta	ken	pla	ce)							_	_			
Name																																							
Occupation																										l	s thi	ird p	party	у ус	our	em	ploy	ree		] Ye	es [		No
Address																																							
		+				+	+							-	+						Cit	. [	+	+		+				1		1	Pin		$\square$				۲
					-									+	 T						Cit	у <u></u> _																	
Tel.:							IVI	lobil	e∗ [																														
Full Details of Personal Injury	/																																						
Name and																																							
Address of																																							
Hospital/		Ť				1	1						T		1				Ť		Cit	νΓ	Ť	Ť		+	T	T	T		T	1	Pin		F				٦
Doctor attending to the injur	ed perso	on		-		-	+				+		+		+				+				+	╈		+	+	+	T			1			H	$\square$			۲
bottor attending to the injur-	eu pero	511																																					
Full details of Property dama	ge			_																																			
Has a claim notice been give	n to you	L		Y	′es [		No																																
												V.T	~	ייסר	/68		0		A 1.4	<b>.</b>		_		_					_								_		
							(To	h≏ f										OCC			ic in	iurc	d)																
			Γ	٦,	Г.			5e I				vvil	UI	une (	anve	. 01			apc		<b>ا</b> ۱۱ و.	Juie	u)																
Was driver or any occupant i	ijured			Y	'es		No																																
If yes give details																																							
HDEC ERGO General Insura	nco Co	mna	anvili	mito	d IE			a N	~ 1/	6 CI	NI · I	166	030	лмн	200	7DI (	^17	7117	Por	aict	oro	d 8.	Cor	nor	ato	Offi	co.	1ct I	Floc	or H		CL		- 1	65	166	Rad	~kh	ລາ

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Motor Claim Services Address : HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600. Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license | Standalone Motor Own Damage Cover - Private Car – Add on - Pay As You Drive – Kilometer Benefit | UIN - IRDAN125RP0001V01201920 / A0032V01202223

# HDFC ERGO General Insurance Company Limited

#### Standalone Motor Own Damage Cover – Private Cars - Claim Form



#### **DECLARATION BY THE INSURED**

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the fore going statement in every respect, and I/We agree if I/We have made of in any further declaration the Company may require respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accidents shall be forfeited.

I/We hereby declare that, notwithstanding anything to the contrary contained anywhere above, no credit of the service tax, education cess and secondary and higher education cess mentioned on this invoice will be availed by me/us or under, my/our instruction. The eligibility to avail such a credit vests in HDFC ERGO General Insurance Company Ltd. and I/We do not have any intention to avail such credits.

Date:	D	D	Μ	Μ	Y	Y	Υ	Υ				
Place:												

ignature of the Insured

2

### INSTRUCTIONS - COMPLETE ALL ITEMS IN THE FORM AND ATTACH THE FOLLOWING:

#### Accident Claims

- Copy of the Registration Book
- Copy of the driving license of the person driving at the time of accident
- FIR, if accident reported to the police
- Estimate of repairs
- KYC, AML documents
- Registered load carrying capacity of the vehicles Copy of Lorry receipt (Commercial Vehicle)
- For Accident Claims, the completed and signed claim form along with annexures should be given to the company's representative at the time of vehicle survey at the garage.
- For other claim send the form along with the annexures to our claim department: HDFC ERGO General Insurance Company Limited, 6th Floor, Leela Business Park, Andheri kurla Road, Andheri (East), Mumbai – 400 059.
- Retain a copy of the documents sent for your records. If you have any claim related queries, please email us at: care@hdfcergo.com or call toll-free no: +91 22-62346234/+91-120 62346234