HDFC ERGO General Insurance Company Limited



PERSONAL EFFECTS INSURANCE - CLAIM FORM

(Notification of Physical Loss or Damage) (This issue of this form is not to be taken as an Admission of Liability)

PLEASE	ANSWER	ALL Q	UESTIONS	FULLY
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Claim No																						Poli	су І	No					—				
1. Name of the Insured Mr./Ms./Mrs.		I								T					T						Ι		Ι							\Box			
2. Address of the Insured with Pin Code		Т					T			T					T						T		T						Т	T	T	T	
Description of property damage																																	
4. Name and contact number of contact	person	to be	cont	acted	for s	surve	ey a	and d	iscus	ssio	on _																						
5. Place/ Location where loss occurred																																	
6. Sum Insured																																	
7. When did the loss or damage occur (D	Date and	d time	e of lo	oss) _																													
8. Indicate the estimated repair charges	and rep	air tii	me _																														
9. Where the damage items can be inspe	ected?																																
10. Narrate circumstances of loss																																	
11. What was the cause of loss																																	
12. Date of intimation to insurer																																	
13. If claim is in respect of jewellery, who	en was t	the p	roper	ty las	t ove	rhau	uled	l by a	jew	eler	r? G	Sive	nan	ne &	a	ddres	S O	of firn	n _														
14. State whether the item damaged was u	under ar	ny gu	arante	ee froi	m Su	ıpplie	er/IV	lanufa	actur	er/F	Repa	airer	: If s	so, th	ne	nature	e of	f gua	rant	ee &	the	e perio	od										
15. Did the equipment(s) sustain any dar	mage in	ı any	previ	ous a	ccide	ent?	If s	so, de	tails	_																							
16. Have the repairs been previously car	rried out	t? If s	so, ple	ease	orovi	de n	nam	ie and	d add	dres	SS O	of rep	pair	s _															—				
17. Are you the sole owner of the proper	ty dama	aged	or sto	olen?																													
18. Are there any other insurance effects	ed by yo	ou or	any c	other p	oerso	on(s)) co	verin	g the	e los	SS S	susta	aine	ed or	aı	ny pai	rt th	nere	of?	f so,	, ple	ease	pro	vide	det	ails	_		_				
19. Has a complaint been lodged with th	e Police	 e/Pub	olic Au	uthorit	y? If	SO,	by	whon	n and	d w	hen	and	d at	whic	ch	Police	e S	Statio	n / l	Publ	ic A	utho	rity	P (At	tach	n a c	ору	of su	uch	com	olainí	i.)	
If not, this may be done immediately and	l a copy	ther	eof fu	ırnish	ed to	the	Со	mpaı	ny w	ith r	reas	sons	for	the	de	elay)	_																
20. Any other particulars relevant to the	damage																												_				<u> </u>
IAA/ barrier of Comment of the land the																																	

- 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 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 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.
- 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. The above statements are in all respects true and complete and are made without reservation of any kind.
- g. To my/our knowledge, all the property in respect of which a claim has been made herein was under my custody 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 no 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.

I/We hereby understand, declare, consent and authorise the Company that medical details and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

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PLEASE ANSWER ALL QUESTIONS FULLY

Full description of stolen article	Name & address of the firm from whom the item purchased	Date of Purchase	Cost of item	Item no. in the list attached to the policy	Sum Insured as per policy	Remarks
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SIGN