

Personal Essentials Shield - Claim Form**"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. Type of Entity (Corporate / Individual / NPO / Others) : _____
6. 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.(s): _____
3. Sum Insured (Rs.) _____
4. Period: From_____ To: _____

DETAILS OF LOSS

Claim for loss under which section of the policy : _____

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. Details of information to the Police Authorities
Police Station_____ FIR 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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- 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: _____

Signature of the insured: _____

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

I/We wish:

Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

KYC documents to be submitted where settlement amount is over Rs. 1 lac.

Place: _____

Date: _____

Signature of the claimant and seal

HDFC ERGO General Insurance Co. Ltd.6th Floor, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai – 400059.