

Private Car Policy - 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. Client No.

DETAILS OF THE INSURED PERSON AND VEHICLE

Insured Name (Mr./ Mrs./ Ms.)

Address of Correspondence

City Pin

Tel.: Mobile*

Email

PAN No. Vehicle No.

Engine No. Chassis No.

DETAILS OF THE DRIVER AT THE TIME OF ACCIDENT

Name

Address

City Pin

Tel.: Mobile*

Email DOB:

Driver is: ☐ Owner ☐ Paid Driver ☐ Relative/Friend. Was he under influence of liquor/drugs: ☐ Yes ☐ No

Driving License No: Issuing Authority Driving License Expiry Date

Type of Vehicles authorized to drive (tick one): ☐ LMV ☐ Transport ☐ Motorcycle

DETAILS OF THE ACCIDENT AND DAMAGE TO THE INSURED VEHICLE

Date Time am/ pm Place

Cause of Damage: ☐ Accident ☐ Riot, Strike, Malicious Act ☐ Theft and Burglary ☐ Flood, Storm, Tempest ☐ Fire, Explosion, Self-ignition

☐ Earthquake ☐ Terrorism ☐ In transit

No. of Occupants Estimated Cost of Repairs

Give a short description of the accident:

THIRD PARTY INJURY / PROPERTY DAMAGE

(To be filled in only where a third party injury/death or third party property damage has taken place)

Name

Occupation Is third party your employee ☐ Yes ☐ No

Address

City Pin

Full Details of Personal Injury

Name and Address of Hospital/ Doctor attending to the injured person

City Pin

Full details of Property damage Has a claim notice been given to you ☐ Yes ☐ No

INJURY TO DRIVER / OCCUPANT

(To be filled in only when the driver or the occupant is injured)

Was driver or any occupant injured ☐ Yes ☐ NoIf yes give details

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 foregoing statement in every respect, and I/We agree if I/We have made of in any further declaration the Company may require respect to 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	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature

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: 1800-2-700-700.

Satisfaction Voucher

(To be obtained from the insured, where payment is being made directly to the repairer.)

Motor Claim No. _____

Motor Vehicle No. _____

I/We hereby acknowledge having received from _____ (Name of repairer/garage) my/our Motor Car/Vehicle/Motor cycle No. _____ which has been repaired to my/our satisfaction, and I/We admit that the payment of Rs. _____ On account of such repairs by HDFC ERGO General Insurance Company Limited is in full discharge of my/our claim upon the said company under policy no. _____ in respect of the damage caused to the said Motor Car/Vehicle/Motor cycle in an accident that occurred on _____ / _____ / _____

Place: _____ Date: _____

Address: _____

Signature of the Insured (Please affix office Rubber Stamp for company-owned vehicle)

Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West). MUMBAI – 400078. Tel.: +91 22 6638 3600 | Fax: 91 22 6638 3699
www.hdfcergo.com

Motor Loss Voucher

(To be obtained from the insured or the Repairer to whom payment is made)

Motor Claim No. _____

Policy No. _____

Do you want us to deposit the claim payable amount directly to your bank a/c ☐ Yes ☐ No

IFSC Code _____ If Yes. Bank Name: _____

A/C Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Insured Name as per Bank Account: _____ Signature of A/C Holder: _____

Received from HDFC ERGO General Insurance Company Limited the sum of Rupees (In Words) _____
in full and final settlement of four bills and cash memos for accident repairs to and/or theft of Attachments

In Support of Bank Details (Please tick the type of proof submitted): Canceled Cheque ☐ Bank Passbook Copy ☐

E-mail Address: _____

Place: _____ Date: _____

(Insured's Name and Signature)

Please affix Revenue stamp if the amount exceeds Rs.500/-

Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West). MUMBAI – 400078. Tel.: +91 22 6638 3600 | Fax: 91 22 6638 3699
www.hdfcergo.com

Motor Loss Voucher

(To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)

Received this _____ day of _____ 20 _____ from HDFC ERGO General Insurance Company Limited the sum of Rupees (in words) _____ which I/we agree to accept in full satisfaction and discharge of all claims present or future under Policy No. _____ in respect of Vehicle No. _____ which occurred on _____ / _____ / 20Rs. (in figures) _____

(No Objection Note where the Financier wants the claim to be paid directly to the vehicle Owner)

I/We hereby authorise the Insurance Company that the amount stated above may be paid to the hirer.

Signature of Duty Constituted Authority

(Name of Financier/Bank/Company)

Address of Claimant: _____