

**Important Notice**

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by the Chief Executive Officer, Managing Director, or by a partner, director or principal officer of the insured or by any authorized person.
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.
- Please send the completed claim form, as soon as possible, to the Company.

**1. Details of Insured**

Claims Number and Policy Number: \_\_\_\_\_

Name &amp; Address of the Insured: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email ID: \_\_\_\_\_

Contact details/ person of the Insured: (Responsible for Claims Handling)

Title: \_\_\_\_\_ Email ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Period of Insurance : From: 

D	D	M	M	Y	Y	Y	Y
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 to: 

D	D	M	M	Y	Y	Y	Y
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Limit of Liability: \_\_\_\_\_

**2. Details of claimant**

a) Full name &amp; address of the claimant or potential claimant (i.e. the party making the claim or potential claim against the Insured)

b) Insured's relation with the claimant \_\_\_\_\_

c) Description of the claim including a description of the allegations made by the claimant

**3. Details of claim OR Circumstances**

a) Date &amp; Time on which intimation of the claim/circumstances was first made against the insured by the claimant

b) When the claim was first notified to HDFC ERGO General Insurance Company Limited?

c) Detail description of the act in chronological order, as to how, when and where the wrongful act happened as well as when the Insured became aware of the wrongful act

d)	Have proceedings commenced? If so, please attach a copy of the court documents to be filed or filed before the court by the parties?
e)	Details of other persons or entities who may be responsible or liable for the loss or damage being claimed
f)	Nature and Quantum of damages claimed against Insured with supporting or, if the claimant has not quantified its damages, insured's estimate of the quantum of damages which may be claimed against the insured?
g)	Has any action has been taken by any authority? If yes, please mention the details of the authority and attach copies of all communications exchanged between the insured and authority?
h)	Copy of all relevant contract(s) and/or agreement(s) and all communications between the parties, (e.g. emails, internal memo(s), letter(s), minute(s) or record(s) of meeting(s) if any?
i)	Copy of an internal or external, survey, investigation or test reports and all other relevant reports, including the details of lawyers appointed (if any), and the respective engagement letters
j)	Detailed opinion of the Insured's counsel in connection to the merits and demerits of the case (Please attach the opinion)
k)	Copy of prospectus issued by the insured
l)	Are there additional details about which the insured wish to advice, or which may be of interest to an insurer, so that an insurer will have a better understanding of this matter? If so, Please provide details along with supporting documentation

#### 4. Bank Details & Documents

Name of Bank Account Holder			
Account Number			
Name of Bank/ Branch			
MICR No		FSC Code	
Account:	Saving <input type="checkbox"/> Current <input type="checkbox"/>		
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.			

**5. Declaration**

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) 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.
- c) 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.
- d) 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.
- e) The above statements are in all respects true and complete and are made without any kind of reservation.

I/ We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me / us to any of its service provider, Promoters or Group Companies.

Date: \_\_\_\_\_

Signature of Insured