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





## ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by authorized person of Insured
- · 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.	Name Name			
	Address for			
۷.	correspondence			
3.	Policy Number Claim Number			
	Contact Number Email ID			
	DETAILS OF LOSS			
1.	Time: Date of Loss: D D M M Y Y Y Y			
2.	Cause of Loss:			
3.	Items affected (give description):			
4.	. Occupation of the premises at the time of Loss:			
5.	5. Has the Loss been reported to Fire Brigade? (If not, give reasons):			
6.	Has the Loss been reported to Fire Police? (If not, give reasons):			
7.	Address where the loss can be inspected:			
	Extent of Loss:			
9.	State whether the item damaged was under any guarantee from suppliers/ manufacturer repairer. If so, the nature guarantee and the period:			
10	Did the anti-mark/s) making an ideas is an anti-mark of the allowance in the state of the state			
10.	Did the equipments(s) sustain any damage in any pervious accident? If so, please provide details			
11	Have the repair been put in hand? If so give name and address of repairs:			
11.	nave the repair been put in rialius it so give name and address of repairs.			
12	Any additional information relevant to processing of claim:			
12.	Any deditional millionnetion relevant to processing of claim.			
	BANK DETAILS & DOCUMENTS			
a)	Details of Bank Account of the Insured :			
	Name of Bank Account Holder			
	Bank Account No.			
	Name of Bank:			
	MCR Code: IFSC Code: IFSC Code:			
	Account: Saving Current C			
	Attachments in support of Bank Details Cancelled Cheque Bank Passbook copy (Please tick the type of proof submitted)			
	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.			

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

 $I/We\ hereby\ agree,\ affirm\ and\ declare\ that:$ 

- 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 as per the proposal form or by way of any endorsement in the policy. Furthermore, save and expect as 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 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. The above statements are in all respects true and complete and are made without any kind of reservation.

Date: D D M M Y Y Y Y	Signature of the Insured
Place:	