



“ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY”

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
- 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 within 7 days from the date of incident to the company.

A. Details of Insured

- a) Reported Under Policy Number: _____
- b) Name of the Insured, As Given on Policy Declaration: _____

- c) Address of the Insured: _____

- d) Contact Person: _____
- e) Email: _____
- f) Telephone No. _____
- g) Fax No. _____

B. Details of Claimant

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim against the Insured) _____

Address of the claimant. _____

C. Details of Insured's Contract

- a) What were you contracted to do?

- b. Was contract for services evidenced in writing? If so, please attach a copy.
If not, please provide appropriate particulars of the date of the contract and its terms.

c) When did the contractor perform the work out of which the claim arises or may arise?

d) Amount of gross fees for services rendered by the contractor

e) Were any specialist consultants used? ☐ Yes ☐ No

If 'Yes', please give details and a note of their duties together with how and by whom they were appointed

D. Details of Claim or Circumstance

a) What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

b) Date on which you first become aware of the claim or the fact or circumstance that might give rise to a claim.

c) Date on which intimation of the claim was first made to you.

d) Have proceedings commenced? If so, please attach a copy of the court documents.

e) Was the first intimation of a claim oral or in writing? If in writing, please attach a copy.

If oral, please give a "first person" account of the conversation, (i.e. "He said", "I said").

f) What amount, if any, is claimed?

g) If known, what does that amount comprise?

E. Details of Insured's Response

a) What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

b) Copy of Any Internal or External Survey/ Investigation and All Such Relevant Reports.

c) What are your own views on liability?

d) Are there additional details about which you 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.

F. Bank Details & Documents:

a) Details of Bank Account of the Insured:

Name of Bank Account Holder	
Bank Account No.	
Name of Bank:	Branch:
MCR Code:	IFSC 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.	

b) KYC documents are compulsory where settlement amount is over 1 lac

G. Declaration

I/We (print name in full)_____

(Position):_____

of the insured and on behalf of the insured declare the above answers to be true and correct AND acknowledge that the insurer may make its decision on indemnity having regard to these answers.

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 to assess loss or for servicing the policy/ claims.

Signature_____

Date_____

Please Attach a Separate Sheet Wherever Required For Giving The Details.

Note:

Send Notice of Claims To:

The Manager
Claims Department - Liability
HDFC ERGO General Insurance Co. Ltd.
6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri(E),
Mumbai – 400059

Call Centre - 022-6234 6234

Such notice shall be effective on the date of receipt by the Company at above mentioned address