

## Private Car Policy—Standalone Motor Own Damage Cover - 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:  Email:  DOB:  DDMMYYDriver is:  Owner  Paid Driver  Relative/FriendWas he under influence of liquor/drugs:  Yes  NoDriving License No: Issuing Authority: Driving License Expiry Date:  DDMMYYType of Vehicles authorized to drive (tick one):  LMV  Transport  Motorcycle

### DETAILS OF THE ACCIDENT AND DAMAGE TO THE INSURED VEHICLE

Date:  DDMMYY 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 transitNo. of Occupants:  Estimated Cost of Repairs: Give a short description of the accident:

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(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  No

If yes give details: \_\_\_\_\_

**DECLARATION BY THE INSURED**

I/ We, the above named, do here by , 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.

Place: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Signature: \_\_\_\_\_

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**INSTRUCTIONS – COMPLETE ALL ITEMS IN THE FORM AND ATTACH THE FOLLOWING:**

<b>Accident Claims</b>	<b>Theft Claims</b>
<ul style="list-style-type: none"> <li>• Copy of the Registration Book</li> <li>• Copy of the driving license of the person driving at the time of accident</li> <li>• FIR, if accident reported to the police</li> <li>• Estimate of repairs</li> <li>• Registered load carrying capacity of the vehicles Copy of Lorry receipt (Commercial Vehicle)</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<ol style="list-style-type: none"> <li>1. Registration book along with vehicle keys</li> <li>2. FIR and Final Police Report</li> <li>3. Intimation to RTO</li> <li>4. RTO Transfer papers</li> <li>5. Letter of Indemnity and Subrogation</li> <li>6. Job card copy (in case of Loss of Use-Downtime Protection add on cover is taken)</li> <li>7. Original purchase invoice of insured vehicle (in case of Return to Invoice add on cover is taken)</li> <li>8. Any other supporting document, if required</li> </ol>

**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 here by 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](http://www.hdfcergo.com)

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## 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: \_\_\_\_\_

Insured Name as per Bank Account:

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 our 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):

Cancelled Cheque  Bank Passbook Copy

E-mail Address:

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

Insured's Name and Signature)

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

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**Private Car Policy—Standalone Motor Own Damage Cover - Claim Form****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)

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

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 \_\_\_\_\_ / \_\_\_\_\_ /20 Rs. (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.

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Signature of Duly Constituted Authority

(Name of Financier/Bank/Company)

Address of Claimant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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