

HDFC ERGO General Insurance Company Limited

**HDFC
ERGO**

Claim Form

LOSS OF PERSONAL BELONGINGS (Standalone Motor Own Damage Cover – Private Cars)

Motor Insurance Claim Form - For Private Cars

(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

Pin Code City

Phone Mobile

Email ID PAN No.

Vehicle No. Engine No. Chassis No.

Details of Loss of Personal Belongings

Name of Item Insured

Model Make Serial No. / Registration No Date of Loss

Time & Place of Loss

Description of Loss

Original Purchase Value of Insured Item

Details of documents loss

Details of the Driver at the time of Accident

Name

Address

Pin Code City

Phone Pin

Email ID DOB

Drivers: ☐ 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(tickone): ☐ LMV ☐ Transport ☐ Motorcycle

Details of the Accident and Damage to the Insured Vehicle

Date Time am/ pm Place

Cause of Damage: ☐ Accident ☐ Riot, Strike, MaliciousAct ☐ 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 ☐ No If 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 of 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 the reunder in respect of past or future accidents shall be forfeited.

I/We hereby declare that, notwithstanding anything to the contrary contained any where 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
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Place: _____

Signature of Insured

Instructions – Complete all items in the form and attach the following:

Accident Claims

1. Copy of registration book
2. Copy of driving license of the driver driving the car at the time of accident
3. FIR, if accident is reported to police
4. Estimate of repairs incase of partial loss
5. Fitness certificate of the vehicle
5. KYC, AML documents
6. Job card copy (in case of Loss of Use-Downtime Protection add on cover is taken)
7. Any other supporting document, if required

Theft Claims

1. Registration book along with vehicle keys
2. FIR and Final Police Report
3. Intimation to RTO
3. RTO Transfer papers
4. Letter of Indemnity and Subrogation
5. KYC, AML documents
6. Job card copy (in case of Loss of Use-Downtime Protection add on cover is taken)
7. Original purchase invoice of insured vehicle (in case of Return to Invoice add on cover is taken)
8. Any other supporting document, if required

Loss of Personal Belongings

1. FIR detailing all loss or damage items
2. Final Police Report
3. Fire Brigade Report
4. Photographs of the damage
5. Bills and invoices, valuation reports of the items insured
6. Estimate of the repairs
7. Final Bill of repairers
8. Copy of original driving license and registration certificate.
9. Fee receipt for making duplicate license and registration certificate
10. RTO acknowledgement receipt for duplicate driving license and registration certificate
11. Bank account details of the claimant for electronic settlement and Cancelled Cheque
12. Any other document as may be necessary and appropriately applicable for the claims preferred under the different sections of the Policy.

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: _____

Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai 400078. Email: care@hdfcergo.com | Fax: 912266383699 | www.hdfcergo.com

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

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:

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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: _____

Signature of Insured

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. Email: care@hdfcergo.com | Fax: 912266383699 | 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 ____/____/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.

Signature of Duly Constituted Authority_____
(Name of Financier/Bank/Company)

Address of Claimant _____