HDFC ERGO General Insurance Company Limited



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 I	be taken as an admission of liability.)
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HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Motor Claim Services Address : HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai – 400 059, Ph - 022 6638 3600. UIN: Loss of Personal Belongings Standalone Motor Own Damage Cover - Private Cars - IRDAN125RP0001V01201920/A0025V01202122.

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 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.



Place:__

Signature of Insured

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

Accident Claims

- Copy of registration book
 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 repairers
- 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 satisfacture and the second s	ction, 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	on the said company under po	licy 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 affx offce Rubber Stamp for company-ownedvehicle)

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. Motor Claim Services Address : HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai – 400 059, Ph - 022 6638 3600. UIN: Loss of Personal Belongings Standalone Motor Own Damage Cover - Private Cars - IRDAN125RP0001V01201920/A0025V01202122.

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 If Yes. Bank Name:	IFSC Co A/C Num	de	
Insured Name as per Bank Account:	Signatur	e 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	k Passbook Copy 🗌 Signa	ature of Insured	Please affix Revenue stamp if the amount
E-mail Address:			exceedsRs.500/-
Place: Date:			

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 a	ccept in full satisfaction	n and discharge	e 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