

# HDFC ERGO General Insurance Company Limited



## BURGLARY INSURANCE - CLAIM FORM

Notification of Physical Loss or Damage

(This issue of this form is not to be taken as an Admission of Liability)

PLEASE ANSWER ALL QUESTION FULLY

### 1. DETAILS OF INSURED

i) Policy Number: \_\_\_\_\_

1.1. Address of premises where loss occurred (State whether private house, go down, sale-shop, flat hotel, etc. outbuilding thereof) \_\_\_\_\_

2. If the premises were forcibly entered: \_\_\_\_\_

a) At what date and hour was the theft committed \_\_\_\_\_

b) How precisely was entrance affected? \_\_\_\_\_

3. If the premises were not forcibly entered \_\_\_\_\_

a) From what part of the premises was the property taken? \_\_\_\_\_

b) At what date and hour (if known) was theft committed? If not known, when was the stolen property last seen prior to the theft? \_\_\_\_\_

c) Has the thief been identified? If not, what evidence is there that a theft has been actually committed? \_\_\_\_\_

d) Do you suspect any one? \_\_\_\_\_

4. a) Were the premises inhabited at the time of the theft? Y  N

b) If No, upon what date and at what hour were they last Inhabited prior to the theft? \_\_\_\_\_

5. a) Have the Police Authorities been informed of the theft? \_\_\_\_\_

b) If so, on what day and at which Police Station and the Diary No.? \_\_\_\_\_

c) Has any arrest been made? \_\_\_\_\_

6. Is the claimant the sole owner of the property stolen or damaged? \_\_\_\_\_

7. What is the estimated value of the total contents of the premises at the time of the theft? \_\_\_\_\_

8. a) For what sum are the contents of the premises insured against fire? \_\_\_\_\_

b) With what company is the fire insurance affected? \_\_\_\_\_

9. Has the claimant ever before sustained loss by fire or by theft? If so, brief particulars should be given. \_\_\_\_\_

10. Are there any other Insurance against theft upon the same property? \_\_\_\_\_

I/We hereby affirm and declare that:

1. The above statements and the statements contained in the within list of stolen or damaged articles are in all respects true and complete and are made without reservation of any kind and in accordance with the particulars given in the said list.

2. I/We claim the sum of Rs \_\_\_\_\_

3. To my/our knowledge, all the property specified in the said list was contained in the premises at the time of the theft, and that no other person than myself/ourselves has/have any interest in the said property by bill of sale, or as owner, mortgage trustee or otherwise, and that there are no other Insurances in respect of loss by theft effected on the said property by me/us or, so far as I am/we are aware, by any other person except\* \_\_\_\_\_

I/We undertake to refund the amount claimed to the event of all or any of the lost articles being recovered.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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\_\_\_\_\_  
Signature of the Claimant

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A list of all stolen and damaged property must be furnished in the space provided below.

A Burglary policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at the time of the Burglary/ House Breaking. Theft, due allowance being made for depreciation and wear and tear.

Full description of articles stolen or property damaged	To whom the articles or property belonged	From whom purchased or received (name and address)	Date purchased or received	Cost		Deduction for wear and tear		Amount Claimed	
				Rs.	P.	Rs.	P.	Rs.	P.

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## Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment                      Cheque                       Fund Transfer   
(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code                       Email address

Attachments                      Cancelled Cheque                       Bank Passbook Copy   
In Support of Bank Details  
(Please tick the type of proof submitted)

Declaration: I Mr./ Mrs/ Ms. \_\_\_\_\_  
undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

\_\_\_\_\_  
Signature of Beneficiary  
Stamp Required in case of Company

Date: