HDFC ERGO General Insurance Company Limited

HOME INSURANCE CLAIM FORM

Notification of Physical Loss or Damage
(The issue of this form is not to be taken as an Admission of Liability)
PLEASE ANSWER ALL QUESTIONS FULLY

DETAILS OF INSURED

Name

Address for correspondence

Contact Number

Name and Address of Mortgagee(s) Or other persons having financial interest in the property.

DETAILS OF OTHER INSURANCES

Name of Insurer

Policy No.(s)   Sum Insured Rs.

Period: From D D M M Y Y Y Y   To D D M M Y Y Y Y

NB: If Insurance is effected with other Companies, copies of such Policies to be attached.

DETAILS OF LOSS

Time & Date of Fire/Loss   D D M M Y Y Y Y

Cause of Fire/Loss

Items of Policy affected
(give description)

Occupation of the premises at the time of Fire/Loss

Has the Fire/ Loss been reported Police?   Yes ☐   No ☐

(If not, give reasons)

Address where the loss
can be inspected

Extent of Loss (Particularly
described in the statement overleaf)

Any additional information
Processing of claim

I/We hereby agree, affirm and declare that.

a. The statements/ information given stated by me/us in this claim form are true, correct and complete.

b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore save and expect as provided or disclosed in this claim for, no claim made hereunder (or the same/similar claim) has beed made or lodged with any other insurance company.

c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d. If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.

e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserves the right to process or reject or require further/ additional information in respect of the claim.

I/We hereby understand, declare, consent and authorise the Company that personal health details, medical history and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Date: D D M M Y Y Y Y

Place:

Signature of the claimant

HDFC ERGO General Insurance Company Limited

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: ☐☐ ☐☐ ☐☐☐☐