HDFC ERGO General Insurance Company Limited

PERSONAL EFFECTS INSURANCE - CLAIM FORM



(Notification of Physical Loss or Damage)
(This issue of this form is not to be taken as an Admission of Liability)

PL	EASE	ANSWER	ALL	QUEST	TIONS	FULLY

Claim No		Policy No																														
Name of the Insured Mr./Ms./Mrs.										Π						Т				Τ		Τ		T			\neg					
2. Address of the Insured with Pin Code											T	Ť	Ť	Ī	Ť	Ť				T	T	T	T	Ť	Ť		\exists					
Description of property damage			'																		-						_					
Name and contact number of contact p	erson to	be cor	ntacted	for s	surve	ey and	d dis	scuss	sion																							
5. Place/ Location where loss occurred _																																
6. Sum Insured																																
7. When did the loss or damage occur (Da	ate and	time of	loss) _																													
8. Indicate the estimated repair charges a	and repa	ir time																														
9. Where the damage items can be insper	cted? _																															
10. Narrate circumstances of loss																																
11. What was the cause of loss																																
12. Date of intimation to insurer																																
13. If claim is in respect of jewellery, wher	n was th	e prope	rty las	t ove	rhau	lled by	y a j	ewel	er?	Give	na	me 8	ad	dress	of f	firm	_															
14. State whether the item damaged was ur	nder any	/ guaran	tee fro	m Su	ıpplie	er/Mar	nufac	cture	r/Re _l	paire	r. If	so, th	ne n	ature	of g	uara	ante	e &	the	perio	d _											
15. Did the equipment(s) sustain any dam	nage in a	any prev	vious a	ccide	ent?	If so,	deta	ails	_																							
16. Have the repairs been previously carr	ied out?	If so, p	lease	provi	ide n	ame a	and	addr	ess	of re	epai	rs _																				
17. Are you the sole owner of the property	y damaç	jed or s	tolen?																													
18. Are there any other insurance effected	d by you	ı or any	other	perso	on(s)	cove	ring	the	loss	sus	taine	ed or	any	y part	the	reof	? If	so,	ple	ase p	orovio	de de	etails	s _								
19. Has a complaint been lodged with the	Police/	Public A	uthorit	ty? If	so,	by wh	om	and	whe	n an	ıd at	t whi	ch F	Police	Sta	ition	/ P	ubli	c Aı	uthor	ity? (Atta	ch a	cop	y of	fsuc	 ch co	l	laint.	.)		
If not, this may be done immediately and	a copy t	hereof f	urnish	ed to	the	Com	oany	y with	n rea	ason	s fo	r the	dela	ay) .													_	_	_			
20. Any other particulars relevant to the day	amage																										_					
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 or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been 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 right 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.
- f. The above statements are in all respects true and complete and are made without reservation of any kind.
- g. To my/our knowledge, all the property in respect of which a claim has been made herein was under my custody all the time of the theft, and that no person other than myself/ ourselves has /have any interest in the said property by bill of sale, or as owner, mortgagee trustee or otherwise, and that there is no other Insurance 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......
- h. I/We undertake to refund the amount or amounts claimed in the event of all any of the lost or stolen articles being recovered.

I/We hereby understand, declare, consent and authorise the Company that medical details 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.

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PLEASE ANSWER ALL QUESTIONS FULLY



Full description of stolen article	Name & address of the firm from whom the item purchased	Date of Purchase	Cost of item	Item no. in the list attached to the policy	Sum Insured as per policy	Remarks
Place						
Date DDMM						
						SIGN

 $Registered \& Corporate Office: 1^{th}Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400 020. Customer Service Address: 6^{th}Floor, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai - 400 059. Toll-free: 1800 2 700 700 (Accessible from India only) | Fax: 91 22 66383699 | care@hdfcergo.com | www.hdfcergo.com CIN: U66010MH2002PLC134869 | IRDA Reg No. 125.$