HDFC ERGO General Insurance Company Limited

MONEY INSURANCE - CLAIM FORM

The completed claim form should be returned to the Company within 7 days of its receipt.

The Company does not admit liability by issuing this form.

1. Insured's name and address: _____
2. Occupation and business address: _____
3. Where did the loss occur? _____
4. Date, day and time of loss: _____
5. When was the loss discovered and by whom? _____
6. Full circumstances of the loss: _____
7. a) Amount of loss _____

   b) Under what item of the policy schedule does this loss fall to be dealt _____
8. If loss occurred in Insured's premises, were they at that time occupied for business purposes. _____

_____

9. If loss occurred whilst premises were closed:

   a) Was the cash secured in locked safe? _____

   b) Was there evidence of forcible entry or exit? _____
10. a) When send where was the cash being conveyed? _____

    b) By whom? _____

    c) Who was responsible for the cash at the time of loss? _____

    d) In whose employment were the above parties and is there any fidelity guarantee insurance covering them? _____

_____

    e) To whom and by whom was a receipt last given in respect of the cash lost? _____
11. a) When were the police notified and at what station? _____

b) What is the result of their investigation and has any cash been recovered?(Please submit as soon as possible copy of the police report) _____

_____

12. Have you ever before sustained loss of this nature? _____
13. Are you insured against the present loss under any other policy? _____

We declare that the foregoing statements are true to the best of our knowledge and belief.

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.

Date: D D M M Y Y Y Y

Place:

Signature of the Insured

HDFC ERGO General Insurance Company Limited

Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

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

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

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: D D M M Y Y Y Y