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)

PLEASE ANSWER ALL QUESTIONS FULLY

Claim No.			_																		Poli	cy No). <u> </u>								 _	
1. Name of the Insured Mr./Ms./Mrs.														I													\perp		\perp			
2. Address of the Insured with Pin Code						T								T																		
Description of property damage																																
4. Name and contact number of contact	person f	to be co	ontact	ed fo	r surv	/ey	and o	dis	cuss	sion																						
5. Place/ Location where loss occurred .																																
6. Sum Insured																																
7. When did the loss or damage occur (D)ate and	d time o	of loss	i)																												
8. Indicate the estimated repair charges	and rep	air time																														
9. Where the damage items can be inspe	ected?																															
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, whe	n was t	he prop	erty I	ast o	verha	ule	ed by	а је	ewel	ler?	Give	naı	me &	a	ddress	s of	firm	ı									—		—	—		—
14. State whether the item damaged was u	under ar	ny guara	antee	from	Suppli	ier/	/Manu	fac	ture	r/Re	paire	r. If	so, th	ne	nature	of	guar	ante	ee &	the	perio	d _				_	_			_		_
15. Did the equipment(s) sustain any dar	mage in	any pr	evious	s acc	ident'	? If	so, d	eta	ails																							
16. Have the repairs been previously car	ried out	t? If so,	pleas	se pro	vide	naı	me ar	nd a	addr	ress	of re	epaii	rs _																			
17. Are you the sole owner of the proper	ty dama	iged or	stoler	า?																												
18. Are there any other insurance effecte	ed by yo	u or an	y othe	er per	son(s	s) c	coveri	ng	the	loss	susi	taine	ed or	ar	ny par	t th	ereo	of? I	fso,	ple	ase p	orovio	de de	etails								
19. Has a complaint been lodged with the	e Police	Public	Autho	ority?	If so,	by	y who	m a	and	whe	n an	ıd at	t whic	ch	Police	e St	ation	n / F	ubli	c Aı	uthor	ity? (Atta	ch a	copy	/ of s	such	com	plair	ıt.)		
If not, this may be done immediately and	а сору	thereo	f furni	shed	to the	e C	Compa	any	witl	h rea	ason	s fo	r the	de	elay)																	
20. Any other particulars relevant to the o	damage																															

- 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.
- 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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HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept 14, 2016 and L&T General Insurance Company Limited upto Sept 13, 2016). CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400 078. For more details on the risk factors, terms and conditions, please read the sales brochure before concluding the sale. Trade Logo of HDFC ERGO General Insurance Company Ltd. displayed above belongs to HDFC LTD and ERGO International AG and used by HDFC ERGO General Insurance Company under license. Toll-free: 1800 2 700 700 | Fax: 9122 66383699 | care@hdfcergo.com | www.hdfcergo.com. IRDAI Reg No. 146.