# HDFC ERGO General Insurance Company Limited

## PLATE GLASS INSURANCE CLAIM FORM

(The completed claim term should be returned to the Issuing Office of the Company within 7 days of the receipt.
The Company does not admit liability by issuing this form)

### DETAILS OF THE INSURED

Name:

Address:

Policy Number:

Claim Number:

Agency Code:

Contact Number:

1. Breakage occurred on my/our premises situated at:
2. Kind of Glass Broken:
3. Whether Window, Door, etc.:
4. Size of damaged glass:
5. Date of breakage: D D M M Y Y Y Y
6. State cause as far as possible:
7. If willful, or by Stones, Motor Vehicles, Carts, etc. has application been made for recovery of the amount damage?:
8. Cost of Replacements:

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I declare the conditions of my Insurance have been fully complied with and that I will act in accordance therewith. I therefore claim the Company in respect of such breakage, according to the terms of my policy.

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