

IMPORTANT NOTICE

- Please read this Claim Form fully before answering the questions.
- The claim form is to be completed and signed by the Chief Executive Officer, Managing Director, or by a partner, director or principal officer of the insured or by any authorized person.
- All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- Please send the completed claim form, as soon as possible, to the Company.

Policy Number: _____

Name of the Responsible Officer: _____

Details of operation of Insured Peril: _____

Date of Loss: _____ Loss Location: _____

Details of Loss: _____

Claim Amount: _____

Recovery Details: _____

CLAIMS:

(Person (s) to be notified) For notice of a claim or circumstances which could give rise to a claim

- (a) Claims Department
HDFC ERGO General Insurance Company Limited
6th Floor Leela Business Park
Andheri Kurla Road, Andheri East
Mumbai - 400059, India

Such notice shall be effective on the date of receipt by the Company at such address

- (a) For all other notices:
Underwriting Manager
HDFC ERGO General Insurance Company Limited
6th Floor Leela Business Park
Andheri Kurla Road, Andheri East
Mumbai - 400059, India

DETAILS OF BANK ACCOUNT

Name of Bank Account Holder		
Bank Account No.		
Name of Bank:		Branch:
MCR Code:		IFSC Code:
Account:	Saving <input type="checkbox"/>	Current <input type="checkbox"/>

DECLARATION

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 any kind of reservation.

I/ We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me / us to any of its service provider, Promoters or Group Companies.

In case of claim or generally, the Company may be contacted at the following address:

The Manager
Claims Department
HDFC ERGO General Insurance Company Limited
6th Floor Leela Business Park
Andheri Kurla Road, Andheri East
Mumbai - 400059, India.

Contact us at- 022 6158 2020/ 022 6234 6234

Such notice shall be effective on the date of receipt by the Company at such address