HDFC ERGO General Insurance Company Limited





Attorney. Issuance of this cla	im form is i	notto	be ta	iken a	s an a	admi	ssio	n of li	abili	ty.)																									
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Full Details of Personal Injury																																			
Name and Address of Hospit	al/ Doctor	atten	ding	to the	e inju	red p	pers	on																											
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Full details of Property damag	ne																																		
Has a claim notice been give			Y	⁄es	N	lo																													
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Was driver or any occupant ir	njured	Γ	Y	es [¬ N			J (- · · · y		1	ui		J1 (1			- July 1		13 0	Ju	,														
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If yes give details																																			

HDFC ERGO General Insurance Company Limited

Private Car Policy - Bundled - Claim Form



DECLARATION BY THE INSURED

I/We, the above named, do here by , to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and I/We agree if I/We have made of in any further declaration the Company may require respect to the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accidents shall be forfeited.

I/We here by declare that notwithstanding anything to the contrary contained anywhere above, no credit of the service tax, education cess and secondary and higher education cess mentioned on this invoice will be availed by me/us or under,my/our instruction. The eligibility to avail such a credit vests in HDFC ERGO General Insurance Company Ltd. And I/we do not have any intention to avail such credits.

Date:	Signature
Place:	3

INSTRUCTIONS - COMPLETE ALL ITEMS IN THE FORM AND ATTACH THE FOLLOWING:

Accident Claims

- Copy of the Registration Book
- Copy of the driving license of the person driving at the time of accident
- FIR, if accident reported to the police
- Estimate of repairs
- KYC, AML documents
- Registered load carrying capacity of the vehicles Copy of Lorry receipt (Commercial Vehicle)
- For Accident Claims, the completed and signed claim form along with annexures should be given to the company's representative at the time of vehicle survey at the garage.
- For other claim send the form along with the annexures to our claim department: HDFC ERGO General Insurance Company Limited, 6th Floor, Leela Business Park, Andheri kurla Road, Andheri (East), Mumbai 400 059.
- Retain a copy of the documents sent for your records. If you have any claim related queries, please email us at: care@hdfcergo.com or call toll-free no:1800-2-700-700.

Satisfaction Voucher

(To be obtained from the insured, where paymen	it is being made directly to the repairer.)				
Motor Claim No	Motor Vehicle No.				
I/We here by acknowledge having received from	such repairs by HDFC ERGO General Insurance Company Limited is in full discharge of t of the damage caused to the said Motor Car/Vehicle/Motor cycle in an accident that				
Place: Date:					
Address:	Signature of the Insured (Please affix office Rubber Stamp for company-owned vehicle)				
L Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg lwww.hdfcergo.com	Bhandup (West). MUMBAI – 400078. Tel.: +9122 6638 3600 Fax: 9122 6638 3699				
Motor Loss Vo (To be obtained from the insured or the Re					
Motor Claim No	Policy No				
Do you want us to deposit the claim payable amount directly to your bank a/c Yes	No				
Insured Name as per Bank Account: Sig Received from HDFC ERGO General Insurance Company Limited the sum of Rupees (In Word infullandfinalsettlementofourbillsandcashmemosforaccidentrepairstoand/ortheftof Attachmen	ds)				
Support of Bank Details (Please tick the type of proof submitted): Cancelled Cheque Bank Passbook Copy (Insured's Name and Signature)					
E-mail Address:	if the amount exceeds Rs.500/-				
Place: Date: Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg					
Motor Loss Vo (To be obtained from Bank, Financier or lessee where the					
	eneral Insurance Company Limited the sum of Rupees (in words) t in full satisfaction and discharge of all claims present or future under Policy No on//20Rs. (in figures)				
(No Objection Note where the Financier wants the classification of the Insurance Company that the amount stated above may be paid to	aim to be paid directly to the vehicle Owner)				
Signature of Duly Constituted Authority	(Name of Financier/Bank/Company)				
Address of Claimant					

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No. 146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Motor Claim Services Address: HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai – 400 059, Ph - 022 6638 3600. UIN: Private Car Policy - Bundled - IRDAN146RPMT0041V01202425.