

HDFC ERGO - Bharat Griha Raksha Plus - Long Term Claim Form

"ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY"

Important Notice

- Make true and full disclosures in your claim form.
- Inform the respective authorities, as required..
- Please read this claim form fully before answering the questions.
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.

DETAILS OF INSURED

1. Policy Number: Claim Number:

2. Name

3. Address of correspondence: City PIN

4. Contact Number:

5. Type of Entity (Corporate / Individual / NPO / Others) :

6. Name and Address of Mortgagee(s) Or other persons having financial interest in the property:

 City PIN

DETAILS OF OTHER INSURANCES

1. Name of Insurer:

2. Policy No.(s):

3. Sum Insured (₹)

4. Period: From: To:

DETAILS OF LOSS

Claim For: Physical loss of damage / Accidental cover: _____

Notification of Physical Loss or Damage

1. Time & Date of Loss: _____

2. Cause of Loss: _____

3. Items affected (give description): _____

4. When and where did you last see the lost or damaged property? _____

5. Have you informed the Police Authorities &/ or Fire Brigade? If so, when and where? _____

Police Station _____ Fire Brigade _____

Diary No: _____

6. Are you the sole owner of the property damaged or stolen? : _____

7. Extent of Loss (as more particularly described in the statement below): _____

8. Any additional information relevant to processing of claim: _____

Notification of Accidental claim

1. Date of accident: _____ Time and place accident occurred: _____
2. Please describe in detail the circumstances of accident (attach separate sheet if needed): _____

3. Did police or other authorities investigate the accident? _____ If yes, please provide name, address and telephone number of all investigating officers and agencies: _____

4. Please list the names and addresses of all treating/consulting physicians or other healthcare providers:
Name _____
Street _____
Address _____
City _____ State _____ Pin code _____
Phone _____
5. If hospitalized, please provide name and address of hospital(s) where treatment was received: _____

6. Do you have any other insurance that may provide coverage for this accident or loss? _____ If yes, please identify name, address, and policy number of all other insurance : _____

Claimant Information

1. Claimant's name: _____
2. Relationship to insured: _____
3. Claimant's Address: _____
4. Date: _____ Place: _____

Declaration:

I _____ 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.

Consent for Mode of Claim Payment

1. Beneficiary Name _____
2. Mode of Payment
 - Please fill in the fund transfer details: _____
 - Insured's Name as per Bank Account: _____
 - Bank Account Number: _____
 - Branch Name: _____
 - IFSC Code: _____
 - Email address: _____
 - Attachments: Cancelled Cheque Bank / Passbook Copy

I/We wish:

Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the claimant and seal

Personal Accident claim document checklist (If covered)
(Additional documents if required will be requested by the insurer)

- Duly filled and signed claim form
- FIR from police station/medico legal certificate from hospital (MLC copy)
- Post mortem report, inquest panchnama
- Cause of death certificate from treating doctor
- Death certificate from Municipal Corporation
- Histopathology or chemical viscera or blood analysis report from the hospital (If done)
- Original cancelled cheque with name of nominee printed on cheque is required. If name is not printed on cheque, please attach first page of bank passbook / bank statement with stamp
- Disclaimer – We may ask for additional documents on case to case basis.

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

HDFC ERGO General Insurance Co. Ltd.
6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri(E), Mumbai – 400059

NOTES

(For official use only)