



## Commercial General Liability Plus Policy - Claim Form

“ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY”

### 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.

### 1. DETAILS OF INSURED

- (a) Reported under Policy Number: \_\_\_\_\_
- (b) Type of Entity:  Individual  Corporate  Non-Profit Organization  Others (select appropriate tick).
- (c) Name & Address of the Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (d) Contact details/ person of the Insured: (Responsible for Claims Handling)  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_
- (e) Beneficial ownership of the Insured:  Yes  No
- (f) Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_
- (g) Limit of Liability: \_\_\_\_\_

### 2. INCIDENT DETAILS

- (a) Date & Time of Occurrence (accident) : \_\_\_\_\_
- (b) Place of Occurrence (accident) : \_\_\_\_\_
- (c) Brief Description of damage or Injury?  
\_\_\_\_\_  
\_\_\_\_\_
- (d) When you did first come to know of the accident?  
\_\_\_\_\_
- (e) When was the claim first notified to HDFC ERGO General Insurance Company Limited?  
\_\_\_\_\_

### 3. PARTICULARS OF CONSEQUENCE OF THE ACCIDENT:

- (a) Description in chronological order, as to how, when and where the occurrence (accident) happened as well as when the Insured became aware of the injury or damage:  
\_\_\_\_\_  
\_\_\_\_\_
- (b) Has any person sustained any injuries in the accident? If yes, please provide Name, address, Contact number, Occupation, Location at the time of incident of Injured person(s)?  
\_\_\_\_\_  
\_\_\_\_\_
- Has/Have the injured person(s) been medically attended? If yes, please give proper details -  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Has the accident caused any damage to property? If yes, please share name of the owners(s) of the property, Address and contact Number, description of property, nature & extent of damage incurred?  
\_\_\_\_\_  
\_\_\_\_\_



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(d) Has the accident been report to any authority? If yes, please mention whom and attached a copy of the report submitted?

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What action has been taken by the authority?

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(e) The nature and quantum of the damages claimed against you or, if the claimant has not quantified its damages, your estimate of the quantum of damages which may be claimed against you?

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(f) Your relationship with the claimant, if any?

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(g) Description of the claim including a description of the allegations made by the claimant?

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(h) Any other relevant information:

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(i) Details of other persons or entities which may be responsible or liable for the loss or damage being claimed; and

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(j) Contact details of person handling the claim in your company?

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(k) Copy of all relevant contract(s) and/or agreement(s) between the parties, if any?

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(l) Copy of all relevant correspondence between the parties, if any (e.g. emails, internal memo(s), letter(s), minute(s) or record(s) of meeting(s);

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(m) Copy of an internal or external, survey, investigation or test reports and all other relevant reports, and;

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(n) Copies of all relevant internal communications, including a log on all internal verbal communications whether prior or subsequent to the occurrence of the wrongful act giving rise to the claim.

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### 4. BANK DETAILS & DOCUMENTS:

**a) Details of Bank Account of the Insured:**

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

### 5. DECLARATION

I/We (print name in full) \_\_\_\_\_

(Position): \_\_\_\_\_ of the insured and on behalf of the insured declare the above answers to be true and correct AND acknowledge that the insurer may make its decision on indemnity having regard to these answers.

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 to assess loss or for servicing the policy/claims.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Attach a Separate Sheet Wherever Required For Giving The Details.

Note:  
 Send Notice of Claims To:  
 The Manager  
 Liability Claims Department Manager  
 HDFC ERGO General Insurance Company Limited  
 6th Floor Leela Business Park  
 Andheri Kurla Road, Andheri East  
 Mumbai-400059  
 India

Call Centre - 022-6234 6234

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