

# HDFC ERGO General Insurance Company Limited



## ERECTION INSURANCE - CLAIM FORM

The issue of this form is not to be taken as an admission of liability  
**Notification of Loss or Damage for Erection All Risk Insurance**

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

1. When did the loss or damage occur? \_\_\_\_\_

2. State the site where the damage occurred and name the nearest railway station. \_\_\_\_\_

3. Give the details of damage:-

a) to erection property \_\_\_\_\_

b) to property belonging to third parties \_\_\_\_\_

4. What was the cause of the damage?(e.g. defective materials, faulty design, giving particulars of parts concerned) \_\_\_\_\_

5. Is any one responsible for the damages? \_\_\_\_\_

Is there any possibility of recovery? \_\_\_\_\_

6. How will the damage be repaired? \_\_\_\_\_

please state in detail whether any parts must be replaced: (give weight and value of damaged parts) \_\_\_\_\_

7. What is estimated amount of the loss or damage? Rs. \_\_\_\_\_

8. How did the damage occur? \_\_\_\_\_

(This question must be answered in detail giving a sketch, wherever possible and supported by statement of witnesses)

9. Do you wish to carry out repairs yourself? \_\_\_\_\_

Do you wish to entrust repairs to another firm (state name) \_\_\_\_\_

As soon as a loss or damaged has become known, the Company at its head office must be notified without delay, on the present form. The agents are not authorized to accept notification of loss or damage.

The undersigned Policy-holder declares to have answered the above questions conscientiously and truthfully and he is liable for the correctness of his statements.

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature and Seal

# HDFC ERGO General Insurance Company Limited



## Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment                      Cheque                       Fund Transfer   
(Please tick for mode of payment)

(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                      Cancelled Cheque                       Bank Passbook Copy   
In Support of Bank Details  
(Please tick the type of proof submitted)

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: