



## INDUSTRIAL ALL RISK - CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

### QUESTIONS TO BE ANSWERED BY THE CLAIMANT

Claim No \_\_\_\_\_ Policy No \_\_\_\_\_

1. Name of Insured (in full) \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Occupation \_\_\_\_\_
4. When & where did you last see the missing property \_\_\_\_\_  
\_\_\_\_\_
5. On what day and at what hour did you first discover the loss or damages ? \_\_\_\_\_  
\_\_\_\_\_
6. State (full particulars must be given) the circumstances of the loss or damage \_\_\_\_\_  
\_\_\_\_\_
7. If claim is in respect of jewellery, when was the property last overhauled by a jeweller? Give name & address of firm \_\_\_\_\_  
\_\_\_\_\_
8. Have you informed the Police Authorities? If so, when and where? \_\_\_\_\_  
\_\_\_\_\_
9. Are you the sole owner of the property damaged or stolen? \_\_\_\_\_  
\_\_\_\_\_
10. Are there any other insurance upon the same property? If so, give full particulars. \_\_\_\_\_  
\_\_\_\_\_
11. Have you ever before sustained loss of the same nature? If so, give particulars. \_\_\_\_\_  
\_\_\_\_\_

I/We the above named do declare and set forth that at or about \_\_\_\_\_ O'clock on the \_\_\_\_\_, the articles enumerated overleaf, and more particularly described in the list lodged with the Company, were \_\_\_\_\_ and I/We do further declare that no other person than myself / ourselves has/have an interest in the said property by Bill of Sale, or as Owner, Mortgage Trustee, or otherwise, and that there is no further insurance except as above mentioned, in this Company or any other company, whereof we claim the sum of Rs. \_\_\_\_\_.

Witness my / our hand this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_.

I/We hereby understand, declare, consent and authorise the Company that medical details and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Signature of Witness

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Insured's Signature



# 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: