



Object Insurance - Claim Form

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

- 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

- Name:
- Address for correspondence:
- Contact Number:
- Email ID:
- Type of Entity: Individual Corporate Non-Profit Organization Others
- Do you have beneficial Ownership: Yes No

DETAILS OF LOSS

Section under which loss is being claimed: _____

Notification of Physical Loss or Damage

- Time & Date of Loss: _____
- Cause of Loss: _____
- Items affected (give description): _____
- When and where did you last see the lost or damaged property? _____
- Have you informed the Police Authorities&/ or Fire Brigade? If so, when and where?
Police Station _____ Fire Brigade _____ Diary No _____
- Extent of Loss (as more particularly described in the statement below): _____
- State whether the item damaged was under any guarantee from suppliers/ manufacturer repairer. If so, the nature guarantee and the period: : _____
- Did the equipments(s) sustain any damage in any pervious accident? If so, please provide details
- Any additional information relevant to processing of claim: _____

Sr. No.	Details of Item affected	Quantity	Rate (INR)	Total Amount (INR)
	Total			

4. Bank Details & Documents:

a) Details of Bank Account of the Insured Person:

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 Person are only through electronic mode.	

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore, save and expect as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in many manner failed to disclosed material information, the policy shall be void and that I/We shall not be entitled to all/any right to recover there under in respect of any or all claims, past, present, future.
- The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserves the right to process or reject or require further / additional information in respect of the claim.
- To my/our knowledge, all the property in respect of which a claim has been made herein was contained in the premises at the time of the theft, and that no person other than



Object Insurance - Claim Form

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

myself/ourselves has /have any interest in the said property by bill of sale, or as owner, mortgagee trustee or otherwise, and that there is on other Insurance in respect of loss by theft effected on the said property by me/us or so far as I am/we are aware, by any other person except.....

- g. I/We undertake to refund the amount or amounts claimed in the event of all or any of the lost or stolen articles being recovered.
- h. The above statements are in all respects true and complete and are made without any kind of reservation.

Place: _____

Date: _____

Signature of the insured: _____

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