

# HDFC ERGO General Insurance Company Limited



## Claim Form

### PAYMENT PROTECTION PACKAGE

"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 authorized person of Insured
- 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/INSURED PERSON:

- a. Reported under Policy Number: \_\_\_\_\_
- b. Card number \_\_\_\_\_
- c. Contact Number \_\_\_\_\_
- d. Name & Address of the Insured Person \_\_\_\_\_  
Contact details of the Insured Person under the policy \_\_\_\_\_
- e. Title: \_\_\_\_\_ Email: \_\_\_\_\_
- f. Phone: \_\_\_\_\_
- g. Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_
- h. Limit of Liability: \_\_\_\_\_
- i. Type of Entity: Individual  Corporate  Non-Profit Organization  Others
- j. Do you have beneficial Ownership: Yes  No

#### 2. CLAIM IS IN RESPECT OF WHICH SECTION

Sections	Please tick the section under which claim has been incurred
<b>Section 1: Financial Liability Cover</b>	
a) Lost or Stolen Card	<input type="checkbox"/>
b) Fraud before Delivery of Card	<input type="checkbox"/>
c) Card forgotten at ATM	<input type="checkbox"/>
d) ATM Assault	<input type="checkbox"/>
e) Theft or Robbery post ATM Withdrawal	<input type="checkbox"/>
f) Sim Cloning & Deactivation Fraud	<input type="checkbox"/>
g) Theft of Funds due to unauthorized digital access	<input type="checkbox"/>
h) Identity Theft / Account Take over	<input type="checkbox"/>
Endorsements:	
<b>Endt 1:</b> Emergency First Aid Charges	<input type="checkbox"/>
<b>Endt 2:</b> Reissuance Charges	<input type="checkbox"/>
<b>Endt 3:</b> Add-on Cards	<input type="checkbox"/>
<b>Endt 4:</b> Unauthorized Transaction beyond threshold chargeback	<input type="checkbox"/>
<b>Endt 5:</b> Financial Loss arising from OTP / PIN transactions	<input type="checkbox"/>
<b>Endt 6:</b> Cover Only International Transactions	<input type="checkbox"/>
<b>Endt 7:</b> Limit of Minimum Transaction Amount	<input type="checkbox"/>
<b>Section 2: Purchase Protection Cover</b>	<input type="checkbox"/>
<b>Section 3: Price Protection Cover</b>	<input type="checkbox"/>
<b>Section 4: Forgery / Counterfeit Cheques Cover</b>	<input type="checkbox"/>
<b>Section 5: Cyber Liability Cover</b>	<input type="checkbox"/>
A) Data Restoration / Malware Decontamination	<input type="checkbox"/>
B) Replacement of Hardware	<input type="checkbox"/>
C) Online Shopping	<input type="checkbox"/>
D) Online Sales	<input type="checkbox"/>
E) Smart Home Cover	<input type="checkbox"/>
F) Cyber Bullying, Cyber Stalking and Loss of Reputation	<input type="checkbox"/>
G) Social Media and Media Liability	<input type="checkbox"/>
H) Network Security Liability	<input type="checkbox"/>
I) Privacy Breach and Data Breach Liability	<input type="checkbox"/>
J) Privacy Breach and Data Breach by Third Party	<input type="checkbox"/>
K) Liability arising due to Underage Dependent Children	<input type="checkbox"/>
L) Cyber Bullying, Cyber Stalking and Loss of Reputation	<input type="checkbox"/>
<b>Section 6: Health Cover</b>	
A) Personal Accident	<input type="checkbox"/>
B) Credit Shield	<input type="checkbox"/>
C) Accidental Hospitalization Expenses	<input type="checkbox"/>
D) Major Medical Illness	<input type="checkbox"/>

<b>Section 7: Group Travel Insurance Cover</b>		
A. Checked Baggage Loss – Indemnity based		<input type="checkbox"/>
B. Baggage Delay – Indemnity based		<input type="checkbox"/>
C. Loss of Baggage & Personal Documents – Indemnity based		<input type="checkbox"/>
D. Missing of Connecting Flight During Transit - Indemnity Based		<input type="checkbox"/>
E. Hijacking		<input type="checkbox"/>
F. Flight Delay – Indemnity based		<input type="checkbox"/>
G. Emergency Medical Expenses		<input type="checkbox"/>
H. Accidental Death		<input type="checkbox"/>
I. Accidental Death – Air		<input type="checkbox"/>
J. Accidental Death – Road		<input type="checkbox"/>
K. Accidental Death – Rail		<input type="checkbox"/>
L. Accidental Death – All Common Carrier		<input type="checkbox"/>
M. Key Replacement		<input type="checkbox"/>
N. Home Protection Cover		<input type="checkbox"/>
O. Hole in One		<input type="checkbox"/>
<b>Section 8: Corporate Buffer</b>		<input type="checkbox"/>

### 3. DETAILS OF CLAIM OR CIRCUMSTANCES

- a. Date & Time on which the Insured / Insured Person first became aware of facts or circumstances that have/might give rise to a specified events  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. When was the claim/circumstances first notified to HDFC ERGO General Insurance Company Limited?  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Detailed description of the act in chronological order, as to how, when and where the loss occurred  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Details of other persons or entities who may be responsible or liable for the loss being claimed  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. Nature and Quantum of damages claimed by Insured Person with supporting documents  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Any other relevant information:  
 \_\_\_\_\_  
 \_\_\_\_\_
- g. Has any action has been taken by any authority? If yes, please mention the details of the Authority and attach copies of all communications exchanged between the Insured person and Authority?  
 \_\_\_\_\_  
 \_\_\_\_\_
- h. Copy of an internal or external, survey, forensics investigation or test reports and all other relevant reports, including the details of lawyers appointed (if any), and the respective engagement letters;.  
 \_\_\_\_\_  
 \_\_\_\_\_
- i. Are there additional details about which the Insured / Insured Person wish to advice, or which may be of interest to an Insurer, so that an Insurer will have a better understanding of this matter? If so, please provide details along with supporting documentation.  
 \_\_\_\_\_  
 \_\_\_\_\_

\*NOTE: Please fill out Annexure to this claim form also (in addition to this form) in case of claim under Section 1: Financial Liability Cover

### 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	
MCR Code:		IFSC Code:	
Account	Saving	Current	
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 hereby agree, affirm and declare that:

- a) The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b) 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.
- c) If I/We have given/made any false or fraudulent statement / information, or suppressed or concealed or in any manner failed to disclose 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 or future.
- d) 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.
- e) The above statements are in all respects true and complete and are made without any kind of reservation.

I/ 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.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Send Notice of Claims to:

The Manager  
Claims Department  
HDFC ERGO General Insurance Company Limited  
6th Floor Leela Business Park  
Andheri Kurla Road, Andheri East  
Mumbai-400059  
India

Contact us - 022 6158 2020/ 022 6234 6234