HDFC ERGO General Insurance Company Limited

HDFC ERGO Cyber Sachet Insurance - 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 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/CLAIMANT

Name of the Insured :

Policy Number

2. DETAILS OF CLAIMANT

Full Name of the Claimant :

Insured's relationship with Claimant

3. CONTACT DETAILS OF INSURED/PERSON RESPONSIBLE FOR HANDLING CLAIMS

Title :

Phone :

Email ID: _____

4. DETAILS OF CLAIM OR CIRCUMSTANCES

a.	Date & Time on which the Insured first became aware of facts or circumstances that have/might give rise to a specified events:	Date: Time:
b.	When was the claim/circumstances first notified to HDFC ERGO General Insurance Company Limited?	Date:
c.	i. Detailed description of the act in chronological order, as to how, when and where the loss occurred	
	ii. Description of the allegations made by the Claimant along with supporting documents (in case of third party, the copies of any proceedings filed against the Insured)	
d.	Details of other persons or entities who may be responsible or liable for the loss being claimed	
e.	Insuring clause under which claim is filed with supporting: Estimate of Loss:	Name the Insuring clause of the policy & estimated loss amount
f	Loss occurred through (in case of **theft of Fund**)	UPI / Credit Card / Debit Card / Internet Banking / Wallet
g.	Whether Police complaint filed ? if yes , then provide the date of complaint and present status	
h.	In case of theft of fund – whether complaint raised to Bank / financial institution for unauthorized transaction ? if yes then share the status report	

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i.	In case of Theft of Fund -Whether Bank / financial institution has denied refunding the amount ?	
j.	Are there additional details about which the insured wish to advice, or which may be of interest to the Company, so that the Company will have a better understanding of this matter? If so, Please provide details along with supporting documentation	
k.	Whether the reported loss/damage is covered under any other insurance?	
	If Yes, specify details and attach a copy of the policy	

4. BANK DETAILS & DOCUMENTS:

a) Details of Bank Account of the Insured:

Name of Bank Account Holder		**Account No.**		**IFSC Code**	
				MICR Code	
Account:	**Saving** ☐ **Current** ☐		**Name of Bank**	**Branch**	
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.					

Document check List (applicable as per Insuring clause)

1) Claim form
2) Transaction details - Statement of account
3) FIR / Police Intimation copy
4) complaint with Bank / Financial Institution for refund of amount
5) Response of Bank / financial institution on your complaint
6) Invoice and payment proof for expenses incurred
7) PAN CARD & Cancelled cheque
8) any other document which is relevant to establish the claim

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.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai - 400 059. UIN: HDFC ERGO Cyber Sachet Insurance - IRDAN146RPLB0086V02202627.

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
Call Centre - 18002677444 022