



## Claim Form- Applicable for All Commercial Vehicles

(Please read the instructions given on the reverse before you fill the form.) (To be filled in by the Insured Policy Holder or Insured's Representative duly authorized by Power and Attorney. Issuance of this claim form is not to be taken as an admission of liability.)

Policy No.

Client No.

### Details of the Insured Person and Vehicle

Insured Name (Mr./ Mrs./ Ms.)

Address of Correspondence

City  Pin

Tel  Mobile\*  Email

PANNo.  Vehicle No.

Engine No.  Chassis No.  Current Odometer Reading

### Details of the Driver at the time of Accident

Name

Address

City  Pin

Tel  Email:  DOB

Driver is:  Owner  Paid Driver  Relative/Friend. Was he under influence of liquor/drugs:  Yes  No Driving License No:

Issuing Authority  Driving License Expiry Date

Type of Vehicles authorized to drive (tick one):  LMV  Transport  Motorcycle

### Details of the Accident and Damage to the Insured Vehicle

Date  Time  am/ pm Place

Cause of Damage:  Accident  Riot, Strike, Malicious Act  Theft and Burglary  Flood, Storm, Tempest  Fire, Explosion, Self-ignition  Earthquake

Terrorism  In transit

No. of Occupants\*  Estimated Cost of Repairs  Number of days of hospitalization:  Claimed amount:

Breakup of medical costs:  Names of occupants:

Give a short description of the accident:

### Third Party Injury / Property Damage

(To be filled in only where a third party injury/death or third party property damage has taken place)

Name

Occupation  Is third party your employee  Yes  No

Address

City  Pin

Full Details of Personal Injury

Name and Address of Hospital/Doctor attending to the injured person

City  Pin

Full details of Property damage  Has a claim notice been given to you  Yes  No

### Injury to Driver / Occupant

(To be filled in only when the driver or the occupant is injured)

Was driver or any occupant injured  Yes  No If yes give details

Was Ambulance /supporting devices utilized? If yes, specify reimbursement claimed amount

### Declaration by the Insured

I/We, the above named, hereby further expressly provide my/our consent to HDFC ERGO General Insurance Company Limited to -

- Collect, use, process and disclose my/our personal information, including but not limited to my/ our name, contact information, vehicle details or any other such personal data as may be required by HDFC ERGO General Insurance Company Limited at any stage of the claim processing with any third-party vendors including IRDAI Licensed Surveyors and/ or independent investigators etc., as may be necessary for claim processing.
- Access, retrieve my/our credit information, including but not limited to the credit score and history related to my vehicle & other loan/s from any Credit Rating Agency, for the limited purpose of processing my/our claim under the insurance policy.

Place  Signature

Date



**Instructions – Complete all items in the form and attach the following:**

**Accident Claims**

- ▮ Copy of the Registration Book
- ▮ Copy of the driving license of the person driving at the time of accident
- ▮ FIR, if accident reported to the police
- ▮ Estimate of repairs
- ▮ Pan Card of occupants
- ▮ Bills pertaining to all costs claimed (hospitalization, ambulance, length of stay, etc)

- ▮ Registered load carrying capacity of the vehicles Copy of Lorry receipt (Commercial Vehicle)
- ▮ For Accident Claims, the completed and signed claim form along with annexures should be given to the company's representative at the time of vehicle survey at the garage.
- ▮ For other claim send the form along with the annexures to our claim department HDFC ERGO General Insurance Company Limited, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai – 400 059.
- ▮ Retain a copy of the documents sent for your records. If you have any claim related queries, please email us at: care@hdfcergo.com or call toll-free no:1800-2-700-700.

**Theft Claims**

- 1.Registration book along with vehicle keys
2. FIR and Final Police Report
3. Intimation to RTO
4. RTO Transfer papers
5. Letter of Indemnity and Subrogation
6. Job card copy (in case of Loss of Use-Down-time Protection add on cover is taken)
7. Original purchase invoice of insured vehicle (in case of Return to Invoice add on cover is taken)
8. Any other supporting document, if required



**Satisfaction Voucher**

(To be obtained from the insured, where payment is being made directly to the repairer.)

Motor Claim No. \_\_\_\_\_ Motor Vehicle No. \_\_\_\_\_

I/We here by acknowledge having received from \_\_\_\_\_

(Name of repairer/garage) my/our Motor Car/Vehicle/Motor cycle No. \_\_\_\_\_ which has been repaired to my/our satisfaction, and I/We admit that

the payment of Rs. \_\_\_\_\_ On account of such repairs by HDFC ERGO General Insurance Company Limited is in full discharge of my/our claim upon the said company under policy no. \_\_\_\_\_

\_\_\_\_\_ in respect of the damage caused to the said Motor Car/Vehicle/Motor cycle in an accident that occurred on \_\_\_\_\_ /

\_\_\_\_\_ /

Place: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

Signature of the Insured  
(Please affix office Rubber Stamp for company-owned vehicle)

Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), MUMBAI – 400078. Tel.: +91 22 6638 3600 | Fax: 91 22 6638 3699 | www.hdfcergo.com



**Motor Loss Voucher**

(To be obtained from the insured or the Repairer to whom payment is made)

Motor Claim No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Do you want us to deposit the claim payable amount directly to your bank a/c  Yes  No

IFSC Code \_\_\_ If Yes. Bank Name: \_\_\_\_\_

A/C Number:

Insured Name as per Bank Account: \_\_\_\_\_ Signature of A/C Holder: \_\_\_\_\_

Received from HDFC ERGO General Insurance Company Limited the sum of Rupees (In Words) \_\_\_\_\_

in full and final settlement to four bills and cash memos for accident repairs to and/or the of Attachments

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

E-mail Address: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

(Insured's Name and Signature)

Please affix Revenue stamp if the amount exceeds Rs.500/-

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# HDFC ERGO General Insurance



## Motor Loss Voucher

(To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)

Received this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ from HDFC ERGO General Insurance Company Limited the sum of Rupees (in words) \_\_\_\_\_  
\_\_\_\_\_ which I/we agree to accept in full satisfaction and  
discharge of all claims present or future under Policy No. \_\_\_\_\_ in respect of Vehicle No. \_\_\_\_\_ which occurred  
on \_\_\_\_\_ / \_\_\_\_\_ /20Rs. (in figures) \_\_\_\_\_

Please affix  
Revenue stamp if  
the amount  
exceeds Rs.500/-

(No Objection Note where the Financier wants the claim to be paid directly to the vehicle Owner)

I/We hereby authorise the Insurance Company that the amount stated above may be paid to the hirer.

\_\_\_\_\_  
Signature of Duly Constituted Authority

\_\_\_\_\_  
(Name of Financier/Bank/Company)

Address of Claimant \_\_\_\_\_

Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), MUMBAI – 400078. Tel.: +91 22 6638 3600 | Fax: 91 22 6638 3699 | www.hdfcergo.com

This Claim form is applicable for the below products & Corresponding UINs:

Commercial Vehicle Products	UIN
Goods Carrying Vehicle Package Policy - Annual	IRDAN125RP0010V01202122
Trailers Package Policy - Annual	IRDAN125RP0011V01202122
Passenger Carrying Vehicle Package Policy - Annual	IRDAN125RP0012V01202122
Miscellaneous & Special Type of Vehicles Package Policy - Annual	IRDAN125RP0013V01202122
Motor Trade Road Risk Package Policy - Annual	IRDAN125RP0014V01202122
Motor Trade Road Transit Package Policy - Annual	IRDAN125RP0015V01202122
Motor Trade Internal Risk Package Policy - Annual	IRDAN125RP0016V01202122