



Claim Form- Applicable for All Two Wheeler 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

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:

Two Wheeler Products	UIN
Long Term Two Wheeler Insurance Policy-Package Policy	IRDAN125RP0001V01201516
Motor Insurance - Two Wheeler Liability Only - 5 years	IRDAN125RP0005V01201819
Motor Insurance - Two Wheeler Policy - Bundled	IRDAN125RP0009V01201819
Standalone Motor Own Damage Cover - Two Wheeler	IRDAN125RP0002V01201920
Two Wheeler Package Policy - Annual	IRDAN125RP0009V01202122