

Important Notice

- Please read this Claim Form fully before answering the questions.
- The claim form is to be completed and signed by the Chief Executive Officer, Managing Director, or by a partner, director or principal officer of 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) Insurance Contract

Policy Number :

Insured :

Insured's address:

Contact person :

2) Affected Repair Tasks and Costs

Reporting Period:

Number of repair activities::

Cost of repair activities:

Reason for repair:

Datasheet feature that was not met:

Warranty promise that would be violated without the repair:

Assembly list items affected:

Number of components repaired:

Number of components replaced:

Manufacturing Fault Detected:

Material Defect Identified:

Excessive Material Ageing Found:

Please send for each related customer complaint:

- A. Complaint report with date, reason, problem description, etc.
- B. Solution applied, root cause found
- C. Insured Task performed for remediation
Please send for each Insured Task:
- D. Action report with date, duration, reason, etc
- E. Serial numbers of repaired and replaced parts

3) Reimbursement Estimation

Reporting Period:

Date of most recent Insured Tasks being executed:

Total OPEX spent for Insured Tasks already executed:

Further OPEX expected from upcoming Insured Tasks due to known warranty issues:

Further OPEX expected from Insured Tasks due to planned maintenance in reporting period:

Total OPEX expected in reporting period:

Deductibles and Co-Payment applicable:

Reimbursements estimated:

Please Attach a Separate Sheet Wherever Required For Giving The Details.

Please submit KYC documents for claim settlement amount is above 1lakh

DETAILS OF BANK ACCOUNT:

Name of Bank Account Holder		
Bank Account No.		
Name of Bank:	Branch:	
MCR Code:	IFSC Code:	
Account:	Saving/ Current	

I 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 only through electronic mode.**

DECLARATION BY THE INSURED:

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) The details of all persons having an interest in the property in respect of which the claim is being made are 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.**
- c) 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.**
- d) 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.**
- e) 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.**
- f) 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.

Place: _____

Date: _____

Signature of the insured: _____

In case of claim or generally, the Company may be contacted at the following address:

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

Toll Free Helpline 18002677444

Such notice shall be effective on the date of receipt by the Company at such address