HDFC ERGO General Insurance Company Limited

Standalone Motor Own Damage Cover – Private Cars - Claim Form

(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

PAN No. Vehicle No.

Engine No. Chassis No.

DETAILS OF THE DRIVER AT THE TIME OF ACCIDENT

Name

Address

City Pin

Tel.: Mobile*

Email DOB: D D M M Y Y Y Y

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 D D M M Y Y Y Y

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

DETAILS OF THE ACCIDENT AND DAMAGE TO THE INSURED VEHICLE

Date D D M M Y Y Y Y Time am/ pm Place

Causeof 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

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

Tel.: Mobile*

Full Details of Personal Injury

Name and Address of Hospital/

City Pin

Doctor attending to the injured person

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

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DECLARATION BY THE INSURED

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the fore going statement in every respect, and I/We agree if I/We have made of in any further declaration the Company may require respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accidents shall be forfeited.

I/We hereby declare that, notwithstanding anything to the contrary contained anywhere above, no credit of the service tax, education cess and secondary and higher education cess mentioned on this invoice will be availed by me/us or under, my/our instruction. The eligibility to avail such a credit vests in HDFC ERGO General Insurance Company Ltd. and I/We do not have any intention to avail such credits.

Date: D D M M Y Y Y Y

Place:

Signature of the Insured

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
- KYC, AML documents
- 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 Contact us- 022 6158 2020/ 022 6234 6234