HDFC ERGO General Insurance Company Limited

Motor Insurance Claim Form

Please read the instructions given on the reverse before you fill the form.

(To be filled in by the Insured Policyholder or Insured's Representative duly authorised by Power of 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

City Pin

Tel. Mobile E-mail

Fax Vehicle No. Date of Registration of Vehicle D D M M Y Y Y Y

Date of Transfer D D M M Y Y Y Y Engine No. Chassis No.

Make of Vehicle Model No. Model Year Y Y Y Y

Details of the Driver at the time of the Accident

Name

Address

City Pin

Tel. Fax E-mail Age Profession

Driver is: Owner Paid Driver Relative/Friend If paid driver, period of employment yrs. Was he under influence of liquor/drugs: Yes No

Driving Licence No. Issuing Authority Driving Licence Expiry Date D D M M Y Y Y Y

Type of vehicles authorised to drive (tick one): HGV LCV Motorcycle Scooter without gear Was the licence temporary/permanent: Yes No

Details of licence suspension, if any Any involvement in an accident before: Yes No

Has he been involved in any accident before: Yes No Has he been charged by the Police: Yes No Sections

Details of Other Insurance Policies

Policy No. Insurance Company

Details of the Accident and Damage to the Insured Vehicle

Date D D M M Y Y Y Y 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 on ship, ferry, train or lorry Speed of the vehicle at time of accident (kms/hr): No. of occupants

Give a short description of the accident

If any third party was responsible for the accident, give details below:

Name

Address

City Pin

Third Party Vehicle No.

Full details of damage

Estimated cost of repair When and where can the damaged vehicle be inspected?

6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059. Toll Free No. 1800-2-700-700 Fax: 91 22 6638 3699 care@hdfcergo.com www.hdfcergo.com

Registered Office : Ramon House, H.T. Parekh Marg, 169, Backbay Reclamation, Mumbai 400 020.

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 any occupant is injured)

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

Witnesses

Give names of Witnesses to the accident:

Tel.

Was accident reported to police ☐ Yes ☐ No Police Station Diary No.

If not reported, why not?

Theft

(Only to be completed in the event of a theft of the vehicle or its accessories)

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

Item stolen Estimated Cost of Replacement Has theft been reported to the police? ☐ Yes ☐ No

Police Station Name & Address

FIR/TAR/Diary No

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 foregoing statement in every respect, and I/we agree if I/we have made, of in any further declaration the Company may require in respect of the said accident, shall make any false or faudulent statement, or any suppression or concealment, the Policy shall be void and all rights to recover thereunder 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 credit vests in HDFC ERGO General Insurance Company Ltd and I/We do not have any intention to avail such credits.

Place

Date D D M M Y Y Y Y

Signature of the Insured

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

PRIVATE VEHICLES

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

Theft of Entire vehicle claims

- Registration Book along with vehicle eys
- FIR and Final police report
- TO transfer papers
- Letter of Indemnity and subrogation
- KYC, AML documents

COMMERCIAL VEHICLES

Accident Claims

- Copy of Registration Book
- Copy of driving license of the person driving at the time of accident
- Copy of the FIR if accident reported to the police
- Copy of the Fitness certificate of the vehicle
- Copy of the Road permit of the vehicle
- Registered Load carrying capacity of the vehicle
- Copy of Lorry receipt
- KYC, AML documents

Theft of Entire vehicle claims

- Registration Book along with vehicle keys
- FIR and Final police report
- RTO transfer papers
- Letter of Indemnity and subrogation
- Fitness certificate of the vehicle
- Road permit of the vehicle

KYC, AML documents

- 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 claims, send the claim form along with annexures to our Claims 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**

Filling the claim form: Some points to note

Policy Number: A 16-digit number as mentioned in the Certificate of Insurance.
Client Number: Do not fill, this is for the company's reference only.
Insured Name, Address and Contact Number: Details where you can be contacted.
Vehicle Details: As given in the Vehicle Registration Book, also called the RC Book.
Driver at the time of the Accident: As given in the licence of the person driving at the time of the accident. Not applicable for theft loss, or damage while parked.
Details of Other Insurance Policies on the same vehicle: If applicable.
Details of the Accident: Based on your recollection of events at the time of the accident. Not applicable for theft losses.
Damage to the Insured Vehicle: Details of damage directly arising out of the accident. Do not include accumulated damages, or wear and tear damages.
Third Party Injury/Property Damage: To be filled only if an accident involving the Insured Vehicle has caused (1) Injury/Fatality to a Third Party and/or (2) Property Damage to a Third Party.
Injury to Driver/Occupant: Injury or Death caused to the Driver driving the vehicle or its occupants because of an accident involving the Insured Vehicle. Not applicable if there has been no such injury or death.
Witnesses: Anyone who can confirm the accident as described in the claim form.
Theft: Fill only in case of theft of entire vehicle or electronic/non-electronic accessories.
Signature: To be signed by the Owner of the Vehicle, or where the Vehicle is owned by a Partnership or Corporate Body, by an authorised signatory of such Partnership or Corporate Body along with the office seal of the concerned organisation.