



### 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 \_\_\_\_\_

### Witnesses

Give name of witnesses of the accident

Tel.

Was accident reported to the 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  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 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 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 a credit vests in HDFC ERGO General Insurance Company Ltd and I/we do not have any intention to avail such credits.

Place

Date  Signature

### 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 keys
- FIR and Final police report
- TO transfer papers
- Letter of Indemnity and subrogation
- KYC, AML documents

#### COMMERCIAL VEHICLES

#### Accident Claims

- Copy of the Registration Book
- Copy of the 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 vehicles 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 from 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 – 400059.
- 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 license 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.

**Witness:** Anyone who can confirm the accident as described in the claim form.

**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 occupation.

**Injury to Driver/Occupant:** Injury or death caused to the driver during the vehicle or its occupants because of an accident involving the insured vehicle. Not applicable if there has been no such injury or death.

**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 a Corporate Body along with the seal of the concerned organisation.

**Satisfactory Voucher**

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

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

I/We hereby acknowledge having received from \_\_\_\_\_

(name of repairer/garage) my/our Motor Car/Vehicle/Motorcycle 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/Motorcycle in an accident that occurred on \_\_\_/\_\_\_/\_\_\_

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

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

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

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

**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

If Yes. Bank Name \_\_\_\_\_ A/C Number \_\_\_\_\_

A/C Holder Name \_\_\_\_\_ Signature of A/C Holder: \_\_\_\_\_

Received from HDFC ERGO General Insurance Company Limited the sum of Rupees. \_\_\_\_\_

\_\_\_\_\_ in full and final settlement of our bills and cash memos for accident repairs to and/or theft of Vehicle No. \_\_\_\_\_

\_\_\_\_\_ for loss suffered on \_\_\_/\_\_\_/\_\_\_

Rs. (In figures) \_\_\_\_\_

(Insured's Name and Signature)

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

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

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

**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 \_\_\_/\_\_\_/20\_\_\_ Rs.(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 \_\_\_\_\_

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