# PF/Ver - 1 FEB2021

## **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 Policy Holder or Insured's Representative duly authorized by Power and Atorney. 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. CKYC  |                |  |  |  |  |  |  |
| Engine No. Chassis No. No.  |                |  |  |  |  |  |  |
| Details of the Driver at the time of Accident   |                |  |  |  |  |  |  |
| Was the car parked: Yes No No   |                |  |  |  |  |  |  |
| Name  | Щ              |  |  |  |  |  |  |
| Address   | $\blacksquare$ |  |  |  |  |  |  |
| City Pin  |                |  |  |  |  |  |  |
| Tel DOB D D M M Y Y Y   | <u> </u>       |  |  |  |  |  |  |
| 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 DDMMYYYYY   |                |  |  |  |  |  |  |
| Type of Vehicles authorized to drive (tick one): LMV Motorcycle   |                |  |  |  |  |  |  |
| 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 Earthc  | quake          |  |  |  |  |  |  |
| Terrorism In transit  |                |  |  |  |  |  |  |
| TOTOGOT III LIAISIL   |                |  |  |  |  |  |  |
| No. of Occupants Estimated Cost of Repairs  |                |  |  |  |  |  |  |
|   |                |  |  |  |  |  |  |
| No. of Occupants Estimated Cost of Repairs  |                |  |  |  |  |  |  |
| No. of Occupants Estimated Cost of Repairs  | _              |  |  |  |  |  |  |
| 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)   |                |  |  |  |  |  |  |
| No. of Occupants  |                |  |  |  |  |  |  |
| No. of Occupants Estimated Cost of Repairs   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             |  |  |  |  |  |  |
| No. of Occupants  |                |  |  |  |  |  |  |
| No. of Occupants  | No             |  |  |  |  |  |  |
| No. of Occupants  | No             |  |  |  |  |  |  |
| No. of Occupants  | No             |  |  |  |  |  |  |
| No. of Occupants  | No             |  |  |  |  |  |  |
| No. of Occupants  | No No          |  |  |  |  |  |  |
| No. of Occupants  |                |  |  |  |  |  |  |
| No. of Occupants Estimated Cost of Repairs  |                |  |  |  |  |  |  |
| No. of Occupants  |                |  |  |  |  |  |  |
| No. of Occupants  |                |  |  |  |  |  |  |
| No. of Occupants Estimated Cost of Repairs Third Party Injury / Property Damage    Third Party Injury / Property Damage   | No             |  |  |  |  |  |  |
| No. of Occupants  | No No lall be  |  |  |  |  |  |  |
| No. of Occupants  | No No lall be  |  |  |  |  |  |  |

#### 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
- Copy of the Fitness certificate of the vehicle (Commercial Vehicle)
- Copy of the Road permit of the vehicle (Commercial Vehicle)

- - Registered load carrying capacity of the vehicles Copy of Lorry receipt (Commercial Vehicle)
    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 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.

# **HDFC ERGO General Insurance Company Limited**



#### Satisfaction Voucher

| Whene of received previous processed from  | (To be obtained from the insured, where payment is t   |  |
|--|--|--|
| Name of Impaired garaged implour Motor Can/NethochMotorspete No.  systemet of Re.  non account of such repaired by the CERGO General Insurance Company Limited by Inflicit Rood Can/NethochMotorspete in an account of such repairs by MTPC ERGO General Insurance Company Limited by Inflicit Rood Can/NethochMotorspete in an account of such repairs of the during accurate to the said Motor Can/NethochMotorspete in an account of such repairs of the during accurate to the said Motor Can/NethochMotorspete in an account of such repairs of the following company and problem in the such company accounts on the following company and such repairs of the following compa | Motor Claim No   | Motor Vehicle No   |
| egreened of Rs   |  |  |
| The period of the damage caused to the said Notor Carl Vehicle Motorcycle in an academ that occurred on  |  |  |
| Date:    Signature of the Insured (Please afts office Stamp for company-sured webbit (Please for the charp payable amount directly to your sank lab   ves   No  |  |  |
| Signature of the Insued (Please aftio offer Rubber Stamp for company-conned which Please for Rubber Stamp for company-conned which Please for Conned the Purchase) (Please aftio offer Rubber Stamp for company-conned which Please for Rubber Rubber Rubber Purchase) (Please aftio offer Rubber Stamp for company-conned which Please for Rubber Ru |  |  |
| (Please aftir office Rubber Stamp for company-owned vehicle St |  |  |
| HDFC ERGO General Insurance Company Limited    Motor Loss Voucher  | adress:  | (Please affx offce Rubber Stamp for company-owned vehicle)                                       |
| HDFC ERGO General Insurance Company Limited    Motor Loss Voucher  |  |  |
| Motor Loss Voucher (To be obtained from the insured or the Repairer to whom payment is made) totro Claim No.   | Customer Service Address: HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business P        | 'ark, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600.                          |
| Motor Loss Voucher (To be obtained from the insured or the Repairer to whom payment is made) flotor Claim No   |  |  |
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| Motor Loss Voucher (To be obtained from the insured or the Repairer to whom payment is made) flotor Claim No   |  | HDFC   |
| (To be obtained from the insured or the Repairer to whom payment is made)  folder Claim No   | HDFC ERGO General Insurance Company Li   | mited  |
| (To be obtained from the insured or the Repairer to whom payment is made)  folder Claim No   | Motor Loss Vouc  | her  |
| you want us to deposit the claim payable amount directly to your bank air. Yes No IFSC Code  Yes, Bank Name:   |  |  |
| Yes, Bank Name:  Sured Name as per Bank Account:  Signature of AC Holder:  Signature of AC Holder:  In full and final settlement of our bills and cash memos for accident repairs to and/or tatachments  Support of Bank Details (Please tick the type of proof submitted): Cancelled Cheque  Bank Passbook Copy  Final Address:  (Insured's Name and Signature)  Reven. If the acceded to the sum of Rupees (In Words)  Please:  (Insured's Name and Signature)  Reven. If the acceded to the sum of Rupees (In Words)  Please:  Date:  (Insured's Name and Signature)  Reven. If the acceded to the sum of Rupees (In Words)  Motor Loss Voucher  (To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)  seceived 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 scharge of all claims present or future under Policy No. in respect of Vehicle No. which occurred if the exceeds  (No Objection Note where the Financier wants the claim to be paid directly to the vehicle Owner)   | lotor Claim No   | Policy No  |
| sured Name as per Bank Account:  scewed from HDFC ERGO General Insurance Company Limited the sum of Rupees (in Words)  in full and final settlement of our bills and cash memos for accident repairs to and/ort ttachments  Support of Bank Details (Please tick the type of proof submitted): Cancelled Cheque Bank Passbook Copy  Please:  (Insured's Name and Signature)  Revent, if the it exceeds  Customer Service Address: HDFC ERGO General Insurance CoLtd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600.  **Motor Loss Voucher**  (To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)  eccived this  |  |  |
| In full and final settlement of our bills and cash memos for accident repairs to and/or tatachments   In full and final settlement of our bills and cash memos for accident repairs to and/or tatachments   Support of Bank Details (Please tick the type of proof submitted): Cancelled Cheque   Bank Passbook Copy   Please Revenu.   Please Revenu.   Date:   (Insured's Name and Signature)   Please Revenu.   If the exceeds   Please Revenu.   It has been used to be paid directly to the vehicle Owner)   Please Revenu.   Please Revenu.   It has been used to be paid directly to the vehicle Owner)   Please Revenu.   Please   | Yes. Bank Name:  | A/C Number:  |
| in full and final settlement of our bills and cash memos for accident repairs to and/ort ttachments   Support of Bank Details (Please tick the type of proof submitted): Cancelled Cheque Bank Passbook Copy   | sured Name as per Bank Account:  | Signature of A/C Holder:   |
| HDFC ERGO General Insurance Company Limited  (To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)  ecceived this  | eceived from HDFC ERGO General Insurance Company Limited the sum of Rupees (In Words)            |  |
| A Support of Bank Details (Please tick the type of proof submitted): Cancelled Cheque Bank Passbook Copy (Insured's Name and Signature)  Please: (Insured's Name and S |  | in full and final settlement of our bills and cash memos for accident repairs to and/or theft of |
| Please:  |  |  |
| Place:   | n Support of Bank Details (Please tick the type of proof submitted): Cancelled Cheque Bank       |  |
| Customer Service Address: HDFC ERGO General Insurance Co Ltd, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600.  HDFC ERGO General Insurance Company Limited  Motor Loss Voucher  (To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)  ecceived this   | E-mail Address:  | Please affix (Insured's Name and Signature) Revenue stamp  |
| 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 lischarge of all claims present or future under Policy No in respect of Vehicle No which occurred if the exceeds  (No Objection Note where the Financier wants the claim to be paid directly to the vehicle Owner)  | Place: Date:   | if the amount  |
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| Motor Loss Voucher  (To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)  day of  |  |  |
| Motor Loss Voucher  (To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)  day of  | UDFO FDOO O  | HDFC   |
| (To be obtained from Bank, Financier or lessee where the vehicle is under Hypothecation or Hire Purchase)  day of  | HDFC ERGO General Insurance Company Li   | mited <b>ERGO</b>  |
| (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 lischarge of all claims present or future under Policy No in respect of Vehicle No which occurred if the exceeds in/20 Rs.(in figures) (No Objection Note where the Financier wants the claim to be paid directly to the vehicle Owner)  |  |  |
| Received this day of   |  |  |
| which I/we agree to accept in full satisfaction and ischarge of all claims present or future under Policy No   |  |  |
| ischarge of all claims present or future under Policy No   |  | which I/wa agree to accept in full catisfaction and  |
| (No Objection Note where the Financier wants the claim to be paid directly to the vehicle Owner)   |  | spect of Vehicle No. Which accurred Revenue stamp  |
| (No Objection Note where the Financier wants the claim to be paid directly to the vehicle Owner)   |  | exceeds Rs 500/  |
|  |  |  |
| We hereby authorise the Insurance Company that the amount stated above may be paid to the hirer.   |  | claim to be paid directly to the vehicle Owner)  |
|  | 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)   | Signature of Duly Constituted Authority  | (Name of Financier/Bank/Company)   |
| detage of Claimant   |  |  |