

# HDFC ERGO General Insurance Company Limited

## Motor Insurance Claim 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's Name \_\_\_\_\_  
Address of Correspondence \_\_\_\_\_  
City \_\_\_\_\_ Pincode \_\_\_\_\_  
Telephone No \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_  
PAN No. \_\_\_\_\_ Vehicle No \_\_\_\_\_  
Engine No. \_\_\_\_\_ Chasis No \_\_\_\_\_

### Details of the Driver at the time of Accident

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Pincode \_\_\_\_\_  
Telephone No \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_\_\_  
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 \_\_\_\_\_  
Type of Vehicles authorized to drive (tick one): ☐ LMV ☐ Transport ☐ Motorcycle

### Details of the Accident and Damage to the Insured Vehicle

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_  
Cause of 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/ Death or Third Party 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 \_\_\_\_\_ Pincode \_\_\_\_\_  
Full Details of Personal Injury \_\_\_\_\_  
Name and Address of Hospital/Doctor attending to the injured person \_\_\_\_\_  
City \_\_\_\_\_ Pincode \_\_\_\_\_  
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

**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:****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**

(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)

Customer Service Address : D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. Email: care@hdfcergo.com | Fax: 91 22 6638 3699 | www.hdfcergo.com

# HDFC ERGO General Insurance Company Limited



## 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 IFSC Code \_\_\_\_\_

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

Insured Name as per Bank Account: \_\_\_\_\_ Signature of A/C Holder: \_\_\_\_\_

Received 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/or theft of Attachments

In Support of Bank Details (Please tick the type of proof submitted): ☐ Cancelled Cheque ☐ Bank Passbook Copy

E-mail Address: \_\_\_\_\_

(Insured's Name and Signature)

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

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

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# 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)

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 \_\_\_\_\_ 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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HDFC ERGO General Insurance Company Limited. (Formerly HDFC ERGO General Insurance Company Limited, incorporated under the Companies Act, 1956 and continued up to Sept 13, 2016). CIN : U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078. For more details on the risk factors, terms and conditions, please read the sales brochure before concluding the sale. Trade Logo of HDFC ERGO General Insurance Company Ltd. displayed above belongs to HDFC LTD and ERGO International AG and used by HDFC ERGO General Insurance Company under license. Customer Service No : 022 6234 6234 / 0120 6234 6234 | Fax: 91 22 66383699 | care@hdfcergo.com | www.hdfcergo.com. Product Code: MT/CF/0086/AUG17. UIN: IRDAN125P0005V01200203. IRDAI Reg No. 146.

