HDFC ERGO General Insurance Company Limited



HOME SURAKSHA PLUS - CLAIM FORM

(The issue of this form is not to be taken as an admission of Liability)

DETAILS OF INSURED														
sured's Name Date of Birth														
isured Address														
ity State														
in Code Phone Mobile email id														
olicy Number Period of Insurance DDMMYYYY to DDMMYYYYY														
Loan Account Number Principal Outstanding amount EMI														
Does Insured have any other Insurance?														
yes, provide list of policies with insurer name, type of policy, sum insured and policy period														
PLEASE INDICATE THE SECTIONS AGAINST WHICH CLAIM IS BEING MADE														
Fire & Allied Perils Personal Accident – Death Loss of Job Burglary / Theft														
PA – Permanent Total Disablement Child Education Benefit Major Medical Illness														
FIRE & ALLIED PERILS / THEFT & BURGLARY														
ate of loss DDMMYYYYY Time of loss Place of loss														
ature and Cause of Loss (Please describe the circumstances leading to the loss														
insured is not sole owner, the nature of his/their Interest in the property and details of other interests														
/hether Loss intimated to i) Police Yes No ii) Fire Brigade Yes No														
ind of items damaged (provide detailed list with make / model & cost with invoices)														
stimated Loss (Repairs/ Replacement Cost if available)														
MAJOR MEDICAL ILLNESS														
elect one of the below against which claim is being made														
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LOSS OF JOB														
Name of the Insured														
Designation Responsibility														
Date of Joining the Organization DDMMYYYY Date of Termination / Suspension DDMMYYYY														
Cause of termination / suspension														
Name & Address of employer														
City State Pir	n													
I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the insured to release any information requested regarding this claim and the loss reported. I understand this information will be used by HDFC ERGO General Insurance, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original. I agree that this authorization shall be valid for the duration of this claim. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud. I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.														
Place Date	SIGN													

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HDFC ERGO General Insurance Company Limited

Consent for Mode of Claim Payment



Name of Insured				\coprod																							\prod					
Policy Number																																
Claim Number																																
Beneficiary Name																				I						\perp	I					
Mode of Payment (Please tick for mode of payme	ent)	С	hequ	ue]	Fund	d Tr	anst	fer																						
(All Fields are Mandatory in case of Fund Transfer)																																
Insured's Name as per Bank Account		Τ	T	Τ					Τ	T	T							Τ		Τ	T				T	Τ	\top					
Bank Account Number																			'						-	_						-
Branch Name																																
IFSC Code													E	≣ma	il a	ddre	ess			1	1				F	Ŧ	Ŧ	4				
Attachments In Support of Bank Details (Please tick the type of proof submitted) Bank Passbook Copy Bank Passbook Copy																																
Declaration: I Mr. / undersigned, legal	ber	nef	ficia	ary	of t	the	ab	ov																					rm	ar	e tı	rue
and I agree to the r	noc	е	от р	эау	me	ent	aga	ain	SU	ne	pa	arti	ICL	ulai	r CI	aim	ח ה	um	ibe	rr	ne	nti	on	ea	ac	OV	re.					
Signature of Bendonstamp Required in case of		_																		Da	te		D	D	М	M	Y		Y	Υ	Υ	