

# HDFC ERGO General Insurance Company Limited

## Claim Form for Fire and Allied Perils



Notification of Physical Loss or Damage  
(The issue of this form is not to be taken as an Admission of Liability)  
PLEASE ANSWER ALL QUESTIONS FULLY

### DETAIL OF INSURED

Name \_\_\_\_\_  
Address for correspondence \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Name and Address of  
Mortgagee(s) Or other persons  
having financial interest in the  
property. \_\_\_\_\_

### DETAILS OF OTHER INSURANCES

Name of Insurer \_\_\_\_\_  
Policy No.(s) \_\_\_\_\_ Sum Insured Rs. \_\_\_\_\_  
Period: From \_\_\_\_\_ To \_\_\_\_\_

### DETAILS OF LOSS

Time & Date of Fire/Loss \_\_\_\_\_  
Cause of Fire/Loss \_\_\_\_\_  
Items of Policy affected(give  
description) \_\_\_\_\_  
Occupation of the premises at  
the time of Fire/Loss \_\_\_\_\_  
Has the Fire / Loss been  
reported to Fire Brigade? (If  
not, give reasons) \_\_\_\_\_  
Has the Fire / Loss been  
reported to Fire Ploice? (If not,  
give reasons) \_\_\_\_\_  
Address where the loss can be  
inspected \_\_\_\_\_  
Extent of Loss (as more  
Particularly described in the  
statement overleaf) \_\_\_\_\_  
Any additional information  
relevant to processing of claim \_\_\_\_\_

I/We hereby agree, affirm and declare that.

- The statements/ information given stated by me/us in this claim form are true, correct and complete.
- The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the policy. Furthermore save and expect as provided or disclosed in this claim for, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I/We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserves the right to process or reject or require further/ additional information in respect of the claim.

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

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

\_\_\_\_\_

Signature of the claimant