

HDFC ERGO General Insurance Company Limited

ELECTRONIC EQUIPMENT - CLAIM FORM



Claim No. _____ Policy No. _____

1. Name and address of assured _____
2. Description of property damaged _____

3. Identification of property damaged _____
4. Location of the property _____
5. Item number in the policy schedule _____
6. Sum Insured _____
7. When did the loss or damage occur _____
8. Narrate circumstances of loss _____
9. Was the equipment in use? By whom? _____
10. Date of intimation to insurer _____
11. State whether the item damaged was under any guarantee from supplier/manufacturer repairer. If so, the nature of guarantee and the period. _____

12. Did the equipment(s) sustain any damage in any previous accident? If so, details _____

13. Have the repairs been put in hand? If so give name and address of repairs _____

14. Indicate the estimated repair charges and repair time _____
15. State salvage value of the damaged item _____
16. Where can the damaged items be inspected? _____
17. Are there any other insurance effected by you or any other person(s) covering the loss sustained or any part thereof? If so, give details. _____

18. In the event of loss caused by burglary, theft, fire, which police station has been notified? _____
19. Any other particulars relevant to the damages. _____
20. Additional questions for increased cost of working:
List of equipments hired: _____
Amount claimed towards increased cost of working: (Please attach detailed working) _____

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.

I/We hereby understand, declare, consent and authorise the Company that medical details and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature and Seal



Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment

Cheque

Fund Transfer

(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code

Email address

Attachments

In Support of Bank Details

(Please tick the type of proof submitted)

Cancelled Cheque

Bank Passbook Copy

Declaration: I Mr./ Mrs/ Ms. _____
undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary

Stamp Required in case of Company

Date: