HDFC General Insurance Limited
(Formerly L&T General Insurance Company Limited)
An HDFC ERGO Company

Combined Public and Product Liability Insurance - Claim Form

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly. All the questions are mandatory.
2. Please leave one box blank between two words while writing the ADDRESS.
3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the claim form.

PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY
Intermediary Name:
Intermediary Code:

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

As soon as any Accident, Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and other particulars may be sent later.

Claim No: Policy No/Cover Note No:

Period of Insurance: D D M M Y Y Y Y To D D M M Y Y Y Y Customer ID:

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title (Pls. Tick): ☐ Ms. ☐ Mrs. ☐ Mr.

Name: F I R S T M I D D L E L A S T

Correspondence Address (Please fill in, if current address is different from as given in the policy document)

Block/Flat No.: Floor No.: Building Name:

Street Name: Locality:

Landmark:

City/Village: Pincode:

Post Office: Fax No.:

Mobile No.: Landline: S T D

Email ID 1:

Email ID 2:

Do you want us to effect the above change of correspondence address in policy document for all future correspondences? ☐ Yes ☐ No

Limits of Indemnity under the policy: .....

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder:

(as appearing in the Bank Account)

Bank Name:

Branch: Location:

Account No: Account Type:

MICR Code: IFSC Code:

PARTICULARS OF ACCIDENT:

A. Date & Time of occurrence: D D M M Y Y Y Y H H : M M

B. Place of accident:.....

.....

.....

HDFC General Insurance Ltd. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020.
Toll Free: 1800-209-5846 | Website: www.hdfcgi.com. CIN: U66030MH2007PLC177117. IRDAI Reg. No. 146.

C. Brief description of the kind and history of the occurrence: .....

.....

.....

D. When did you first come to know of the accident? .....

E. When was the accident reported to you?.....

F. When was the claim first notified to the Insurer?.....

G. Name the product against which the claim is trigerred and its batch details: .....

H. Countries in which the aforesaid product is sold/marketed/serviced: .....

I. Details of actions/preventive measures undertaken by insured post knowing about the reported incident : .....

J. Has any person(s) sustained any injuries in the accident? ☐ Yes ☐ No

If 'Yes', provide the details of such person(s) alongwith address and contact details: (Kindly provide separate annexure in case space provided is insufficient)

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K. Has/Have the injured person(s) been removed to hospital or medically attended? ☐ Yes ☐ No

If 'Yes', provide the details .....

L. Has the accident/Loss caused damage to property or livestock? ☐ Yes ☐ No

If 'Yes', give name(s) and contact details of the owner(s) of such property and / or livestock, and full description of the property, and state the nature and extent of damage: (Kindly provide separate annexure in case space provided is insufficient) .....

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M. Has any claim been made upon you by any person(s)? ☐ Yes ☐ No

If 'Yes', state by whom and give full particulars (attach a copy of the notification received and bill, if submitted): .....

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N. Estimated Amount of Claim:

₹		+ ₹		+ ₹		= ₹	
	J		L		M		(J + L + M)

O. Give, if possible, the name(s) and contact details of all witnesses to the accident: .....

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P. Has the accident been reported to any authority? ☐ Yes ☐ No

If 'Yes', state to whom and attach a copy of the report submitted: .....

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Q. Give details of Statute/Law under which in your opinion, liability may arise: .....

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R. Give details of other Insurances, if any: .....

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S. Give details of Previous Claims, if any: .....

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DECLARATION:

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment of any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place: .....

Date: .....

Signature of the Insured with Company Seal