



HDFC General Insurance Limited

(Formerly L&T General Insurance Company Limited)

An HDFC ERGO Company

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. 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)

H. State where such person(s) was / were at the time of accident:

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

If 'Yes', provide the details

J. 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)

K. 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):

L. Estimated Amount of Claim: ₹

₹ + ₹ + ₹ = ₹

G

J

K

(G + J + K)

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

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

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

O. What action, if any, has been taken by authority?

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

Q. Give details of other Insurances, if any, covering the present loss:

R. Give details of Previous Claims, if any, on the same item:

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