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

Standard Fire and Special Perils 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 Admission Of Liability)

As soon as 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 such 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

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 AFFECTED ITEMS:

- Date & Time of Loss: D D M M Y Y Y Y H H : M M
- Who reported the loss: .....
- Description of reported loss / damage: .....

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- Cause of reported loss: .....
- Nature and extent of loss: .....

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  .....
- Full address of loss location: .....

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- Whether loss has been intimated to:

  ☐ Police (Attach copy of First Investigation Report if informed Police) ☐ Fire Brigade (Attach copy of Fire Brigade Report if informed Fire Brigade)
- If insured not sole owner, the nature of his/their interests in the property and details of other interests: .....

  .....
- What measures were taken to minimise the loss? .....

  .....
- For what purpose the affected property was being used at the time of loss? .....

  .....
- Total Claim Amount: ₹ |_|_|_|_|_|_|_|_| (Kindly provide separate annexure if space provided below is insufficient)

Description of property claimed	Sum Insured	Market value / RIV at time of loss	Amount claimed	Remarks

- Give details of other insurances covering same property, if any: .....

  .....
- Details of previous losses, if any: .....

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- Any other relevant details: .....

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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 Insured