



**Motor Insurance Claim Form**

Please read the instructions given on the reverse before you fill the form.

(To be filled in by the Insured Policyholder or Insured's Representative duly authorised by Power of Attorney. Issuance of this claim form is not to be taken as an admission of liability.)

Policy No.  Client No.

**Details of the Insured Person and Vehicle**

Insured Name (Mr./Mrs./Ms.)   
 Address   
 City  Pin   
 Tel.  Mobile  E-mail   
 Fax  Vehicle No.  Date of Registration of Vehicle   
 Date of Transfer  Engine No.  Chassis No.   
 Make of Vehicle  Model No.  Model Year

**Details of the Driver at the time of the Accident**

Name   
 Address   
 City  Pin   
 Tel.  Fax  E-mail  Age  Profession   
 Driver is:  Owner  Paid Driver  Relative/Friend If paid driver, period of employment  yrs. Was he under influence of liquor/drugs:  Yes  No  
 Driving Licence No.  Issuing Authority  Driving Licence Expiry Date   
 Type of vehicles authorised to drive (tick one):  HGV  LCV  Motorcycle  Scooter without gear Was the licence temporary/permanent:  Yes  No  
 Details of licence suspension, if any  Any involvement in an accident before:  Yes  No  
 Has he been involved in any accident before:  Yes  No Has he been charged by the Police:  Yes  No Sections

**Details of Other Insurance Policies**

Policy No.  Insurance Company

**Details of the Accident and Damage to the Insured Vehicle**

Date  Time  am/pm Place   
 Cause of Damage:  Accident  Riot, strike, malicious act  Theft and burglary  Flood, storm, tempest  Fire, explosion, self-ignition  
 Earthquake  Terrorism  In transit on ship, ferry, train or lorry Speed of the vehicle at time of accident (kms/hr):  No. of occupants   
 Give a short description of the accident

If any third party was responsible for the accident, give details below:

Name   
 Address   
 City  Pin   
 Third Party Vehicle No.   
 Full details of damage

Estimated cost of repairs  When and where can the damaged vehicle be inspected?

### Third Party Injury/Property Damage

(To be filled in only where a third party injury/death or third party property damage has taken place)

Name

Occupation  Is third party your employee  Yes  No

Address

City  Pin

Full details of personal injury \_\_\_\_\_

Name and address of Hospital/Doctor attending to the injured person:

City  Pin

Full details of property damage \_\_\_\_\_ Has a claim notice been given to you:  Yes  No

### Injury to Driver/Occupant

(To be filled in only when the driver or any occupant is injured)

Was driver or any occupant injured  Yes  No If yes, give details \_\_\_\_\_

### Witnesses

Give names of Witnesses to the accident:

Tel.

Was accident reported to police  Yes  No Police Station  Diary No.

If not reported, why not? \_\_\_\_\_

### Theft

(Only to be completed in the event of a theft of the vehicle or its accessories)

Date  Time  am/pm Place

Item stolen \_\_\_\_\_ Estimated Cost of Replacement  Has theft been reported to the police?  Yes  No

Police Station Name & Address

FIR/TAR/Diary No.

### Declaration by the Insured

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and I/we agree if I/we have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the Policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

I/We hereby declare that, notwithstanding anything to the contrary contained anywhere above, no credit of the service tax, education cess and secondary and higher education cess mentioned on this invoice will be availed by me/us or under my/our instruction. The eligibility to avail such credit vests in HDFC ERGO General Insurance Company Ltd and I/We do not have any intention to avail such credits.

Place  Signature of the Insured

Date

### Instructions – Complete all items in the form and attach the following:

#### PRIVATE VEHICLES

#### Accident Claims

- Copy of the Registration Book
- Copy of the driving license of the person driving at the time of accident
- FIR, if accident reported to the police
- Estimate of repairs
- KYC, AML documents

#### Theft of Entire vehicle claims

- Registration Book along with vehicle keys
- FIR and Final police report
- TO transfer papers
- Letter of Indemnity and subrogation
- KYC, AML documents

#### COMMERCIAL VEHICLES

#### Accident Claims

- Copy of Registration Book.
- Copy of driving license of the person driving at the time of accident
- Copy of the FIR if accident reported to the police
- Copy of the Fitness certificate of the vehicle
- Copy of the Road permit of the vehicle
- Registered Load carrying capacity of the vehicle
- Copy of Lorry receipt
- KYC, AML documents

#### Theft of Entire vehicle claims

- Registration Book along with vehicle keys
- FIR and Final police report
- RTO transfer papers
- Letter of Indemnity and subrogation
- Fitness certificate of the vehicle
- Road permit of the vehicle
- KYC, AML documents

- For Accident Claims, the completed and signed claim form along with annexures should be given to the company's representative at the time of vehicle survey at the garage.
- For other claims, send the claim form along with annexures to our Claims Department : HDFC ERGO General Insurance Company Limited, 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059.
- Retain a copy of the documents sent for your records. If you have any claim related queries, please email us at: [care@hdfcergo.com](mailto:care@hdfcergo.com) or call toll-free no : **1800-2-700-700**

### Filling the claim form: Some points to note

**Policy Number:** A 16-digit number as mentioned in the Certificate of Insurance.

**Client Number:** Do not fill, this is for the company's reference only.

**Insured Name, Address and Contact Number:** Details where you can be contacted.

**Vehicle Details:** As given in the Vehicle Registration Book, also called the RC Book.

**Driver at the time of the Accident:** As given in the licence of the person driving at the time of the accident. Not applicable for theft loss, or damage while parked.

**Details of Other Insurance Policies on the same vehicle:** If applicable.

**Details of the Accident:** Based on your recollection of events at the time of the accident. Not applicable for theft losses.

**Damage to the Insured Vehicle:** Details of damage directly arising out of the accident. Do not include accumulated damages, or wear and tear damages.

**Third Party Injury/Property Damage:** To be filled only if an accident involving the Insured Vehicle has caused (1) Injury/Fatality to a Third Party and/or (2) Property Damage to a Third Party.

**Injury to Driver/Occupant:** Injury or Death caused to the Driver driving the vehicle or its occupants because of an accident involving the Insured Vehicle. Not applicable if there has been no such injury or death.

**Witnesses:** Anyone who can confirm the accident as described in the claim form.

**Theft:** Fill only in case of theft of entire vehicle or electronic/non-electronic accessories.

**Signature:** To be signed by the Owner of the Vehicle, or where the Vehicle is owned by a Partnership or Corporate Body, by an authorised signatory of such Partnership or Corporate Body along with the office seal of the concerned organisation.



**Satisfaction Voucher**

(To be obtained from the Insured, where payment is being made directly to the Repairer)

Motor Claim No. \_\_\_\_\_ Motor Vehicle No. \_\_\_\_\_

I/We hereby acknowledge having received from \_\_\_\_\_  
(name of repairer/garage) my/our Motor Car/Vehicle/Motorcycle No. \_\_\_\_\_ which has been repaired to my/our satisfaction,  
and I/we admit that the payment of Rs. \_\_\_\_\_ on account of such repairs by HDFC ERGO General Insurance Company Limited is in  
full discharge of my/our claim upon the said company under Policy No. \_\_\_\_\_ in respect of the damage caused to the  
said Motor Car/Vehicle/Motorcycle in an accident that occurred on \_\_\_\_/\_\_\_\_/200\_\_\_\_.

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

Address : \_\_\_\_\_

Signature of the Insured  
(Please affix Office Rubber Stamp for company-owned vehicles)



**Motor Loss Voucher**

(To be obtained from the Insured or the Repairer to whom payment is made)

Motor Claim No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Do you want us to deposit the claim payable amount directly to your bank a/c Yes  No

If Yes, Bank Name \_\_\_\_\_ A/c Number \_\_\_\_\_

A/c Holder Name \_\_\_\_\_ Signature of A/c Holder \_\_\_\_\_

Received from HDFC ERGO General Insurance Company Limited the sum of Rupees \_\_\_\_\_  
\_\_\_\_\_ in full and final settlement of our bills and cash memos for accident repairs to and/or theft of

Vehicle No. \_\_\_\_\_ for loss suffered on \_\_\_\_/\_\_\_\_/200\_\_\_\_.

Rs. (In figures) \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ (Insured's Name and Signature)

Please affix  
Revenue  
Stamp  
if the amount  
exceeds  
Rs. 500/-



**Motor Loss Voucher**

(To be obtained from the Bank, Financier or Lessee where the vehicle is under Hypothecation or Hire Purchase)

Received this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_, from HDFC ERGO General Insurance Company Limited the sum of

Rupees (in words) \_\_\_\_\_ which I/we agree

to accept in full satisfaction and discharge of all claims present or future under Policy No. \_\_\_\_\_ in respect of

Vehicle No. \_\_\_\_\_ which occurred on \_\_\_\_/\_\_\_\_/200\_\_\_\_. Rs. (in figures) \_\_\_\_\_

Please affix  
Revenue  
Stamp  
if the amount  
exceeds  
Rs. 500/-

(No Objection Note where the Financier wants the claim to be paid directly to the Vehicle Owner)

I/We hereby authorise the  
Insurance Company that  
the amount stated above  
may be paid to the hirer.

\_\_\_\_\_  
(Signature of Duly Constituted Authority)

\_\_\_\_\_  
(Name of Financier/Bank/Company)

Address of Claimant \_\_\_\_\_