

HDFC ERGO General Insurance Company Limited

NEON/GLOW SIGN INSURANCE CLAIM FORM



(The completed claim term should be returned to the Issuing Office of the company within 7 days of the receipt. The company does not admit liability by issuing this form)

1. Details of the Insured

i) Name _____

ii) Address _____

iii) Policy number _____

iv) Claim number _____

v) Agency code _____

vi) Contact number _____

2. Breakage occurred on my/our premises situated at _____

3. Kind of neon/glow sign broken _____

4. Size of damaged neon/glow sign _____

5. Date of breakage _____

6. State cause as far as possible _____

7. If willful, or by stones, motor vehicles, carts, etc...has application been made for recovery of the amount damage? _____

8. Cost of replacements _____

I declare the conditions of my insurance have been fully complied with and that I will act in accordance therewith. I therefore claim the company in respect of such breakage, according to the terms of my policy.

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
---	---	---	---	---	---	---	---

Place:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of the Insured

HDFC ERGO General Insurance Company Limited



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 Cancelled Cheque Bank Passbook Copy
In Support of Bank Details
(Please tick the type of proof submitted)

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: