HDFC ERGO General Insurance Company Limited



Place

MARINE - CLAIM FORM

Declaration No Dear Sins. We have to advise you of loss or damage in transit as detailed below particulars of which are stated overleaf: 1. Name and address of the consigness: 2. Name and address of the consigness: 3. Name of and address of the consigness: 4. Number and date of the Confer's Recorpt: 5. Pileco of despitable: 6. Pileco of despitable: 6. Pileco of despitable: 7. Due of anisot of the consignment at destination: 8. Due of danisot intermediations of intermediati	Re	e: Claim under Policy No.
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HDFC ERGO General Insurance Company Limited





Place	
Date	 _

DETAILS OF DAMAGE

Particulars of goods and/or replacements

Nature of loss

Estimate of repairs

HDFC ERGO General Insurance Company Limited



Consent for Mode of Claim Payment

Stamp Required in case of Company

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 In Support of Bank Details (Please tick the type of proof s	Cancelled Cheque Bank Passbook Copy submitted)					
Signature of Benef	 iiciary	Date: DD MM YYYYY				