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 (Please tick for mode of pa	Cheque Fund Transfer uyment)	
	(All Fields are Mandatory in case of Fund Transfer)	
Insured's Name a Bank Account	s per	
Bank Account Nu	mber	
Branch Name		
IFSC Code	Email address	
Attachments In Support of Bank Del (Please tick the type of	tails Cancelled Cheque Bank Passbook Copy proof submitted)	
against the particular	claim number mentioned above.	
Signature of	Beneficiary	Date: DD MM YYYY