



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 ____/____/____

Place: _____ Date: _____

Address: _____

Signature of the Insured

(Please affix office Rubber Stamp for company-owned vehicle)

Customer Service Address : 6th Floor, Leela Business Park, Andheri - Kurla Road, Andheri (East), Mumbai - 400 059. Email: care@hdfcergo.com | Fax: 91 22 6638 3699 | www.hdfcergo.com



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

IFSC Code _____

If Yes. Bank Name: _____

A/C Number:

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Insured Name as per Bank Account: _____

Signature of A/C Holder: _____

Received from HDFC ERGO General Insurance Company Limited the sum of Rupees (In Words) _____

_____ in full and final settlement of our bills and cash memos for accident repairs to and/or theft of

Attachments

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

E-mail Address: _____

Place: _____ Date: _____

(Insured's Name and Signature)

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

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Motor Loss Voucher

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

Received this _____ day of _____ 20 _____ 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 ____/____/20____ Rs.(in figures) _____

(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 _____

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