



Lost Card Liability/Skimming/Counterfeit/ATM Transaction Form

(The issue of this form is not to be taken as an admission of liability)

Details of Insured

Insured Name/Bank Name

Address: _____

Claim Ref No : If (available)

SEX (M/F)

Cardholder Name	
Disputed Card Number 1 <i>(Only First & last 4 card digits)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disputed Card Number 2 <i>(Only First & last 4 card digits)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disputed Card Number 3 <i>(Only First & last 4 card digits)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Disputed Card Number 4 <i>(Only First & last 4 card digits)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Validity Period	
Date of Card Issuance	
Date and time of Loss	
Type of Loss (with brief details)	
Date & time of reporting/intimation to the Bank	
Date & time of Blocking the Card	
Copy of Card Statement	
Dispute letter from Card holder	
Loss location (City and Country)	
Date of Birth of Cardholder	
Corporate Name (If applicable)	
Insured Person's Address at the time of loss	
Insured Person's permanent address	
Loss Amount	
Type of Transaction (Please tick)	
A) ATM Transaction B) Point of sale (merchant establishment) C) Internet Transaction	



Merchant establishment details : (where disputed transaction took place)	
1) Name	
2) Contact No	
3) Address	
4) Email ID	
Date and time of reporting the loss to Police station. (Please furnish copy of FIR)	
Name and Address of the Police station	
Are you the sole owner of the property?	
Have you ever before sustained loss of the same nature? If so, give particulars	
Is there any other insurance on the same property? If so, give full particular	
Any additional information relevant to processing the claim	

I/we hereby agree, affirm and declare that:

a) The statement/information given/stated by me/us in this claim form is true and complete.

b) The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.



d) If I/we have given/made any false or fraudulent statement/information. or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.

e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserve the right to process or reject or require further/additional information in respect of the claim.

Date -:

Place:

Signature of Cardholder/Bank

[To be obtained on Rs 100/- Stamp Paper – TO BE NOTARISED]

LETTER OF SUBROGATION

Claim No:

Policy No:

Incident Date:

Insured / We / Us / I:

You / Your: **HDFC ERGO General Insurance Company Limited**

1. In consideration of your paying to us the sum of Rs. _____/- (Rupees _____ only) in pursuance of the said policy in respect of loss due to fraudulent use of debit/credit card, we the owners hereby assign, transfer and abandon to you all our actionable claim, rights and remedies both in equity and at law against the administration, other public bodies, persons whosoever is liable in respect thereof and/or for whom or other financial assistance, subsidy, etc. in respect of such loss or damage.
2. We hereby subrogate to you all rights remedies that we have, in consequence of or arising from theft/burglary to the said properties and we further grant to you full power to take and use all lawful ways and means and recover the said goods/any part thereof and or loss from whom it may concern.
3. We also hereby authorize you to use our name in any action or proceedings that you may bring either in your own name or in the name in relations to any of the matters hereby assigned transferred and/or abandoned to you and we undertake for ourselves to assist and concur in any matters or proceedings which you may deem expedient or necessary in any such actions or proceedings and to execute all deeds assignments and /or documents including any and all pleadings and reasons which may be necessary therefore and generally to assist therein by all means in our power.
4. We hereby appoint you, your officers and agents and their successors severally our agents and attorneys in fact with irrevocable power to collect all such claims and to begin prosecute compromise arbitrate or withdraw either in our name or in your name but at your expense if any and all legal proceedings which may deem necessary to enforce such claim or claims including proceedings before any Tribunal and to execute in our name only documents which may be necessary to carry into effect the purpose of this agreement.
5. We further undertake if called upon by you to do so ourselves to institute any such action or proceedings that may direct on your behalf it being understood that you are to indemnify us and any other persons whose names may necessarily be used against any costs charges or expenses which may be incurred in respect of any action or proceedings that may be taken virtue of this agreement.
6. The payment receipted for herein is accepted with the undertaking that the said payment shall not ensure to the benefit of any tort, lessor or misfeasement under the writer does not waive any rights or remedies which or subrogation or otherwise against any tort lessor or misfeasement and acceptance of this receipt shall not prejudice or take any right or remedies which the said underwriter would otherwise have any virtue of such payments.
7. We further agree that any moneys collected from any government, state or authorities or any persons shall be your property and if received in the first instance by the undersigned. We undertake to make over to you immediately the amount so recovered.
8. We hereby further agree that in the event of the lost goods subsequently being traced we undertake to accept and take delivery of the same and the claim shall then be re -adjusted on the correct basis of the then loss and in the event of any refund providing to be due to the underwriter on demand to make such refund to you.
9. We further authorize you to sell, transfer the said vehicle/ property and have the proceeds, towards the satisfaction

of your loss, sustained while satisfying the claim. The vehicle/ property is being transferred to you, with all rights, title and interest there on, as absolute owner and we have no concern with it, in what so ever in nature.

TO WITNESS WE HAVE SET OUR HAND THIS _____ DAY OF _____, 20__.

(Signature of Insured)

Witness Signature: _____

Name: _____

Address: _____

STATEMENT OF INCIDENT

Name of Customer: _____
Card Membership Number: _____
Address: _____

Customer's Mobile No: _____
Email Address: _____
Date of Incident: _____
Date of Realization: _____

Disputed Card Number 1 (Only First & last 4 card digits)					X	X	X	X	X	X	X	X				
Disputed Card Number 2 (Only First & last 4 card digits)					X	X	X	X	X	X	X	X				
Disputed Card Number 3 (Only First & last 4 card digits)					X	X	X	X	X	X	X	X				
Disputed Card Number 4 (Only First & last 4 card digits)					X	X	X	X	X	X	X	X				

Call Received by customer for OTP (In case of OTP based transaction):

OTP Shared (Yes / No): _____

Any APP installed (Yes / No): _____
If yes, please specify the name _____

Clicked on any link (Yes / No): _____
If yes, please specify the details _____

Brief description of Incident in Detail

Brief description of Loss Realization:

Customer Signature

Claim Letter

Dear Customer,

We are in receipt of your claim request as a CPP Card Protection member. Under Indian Insurance laws, to help process your claim, we would require the following:

1. **Claim form** (enclosed) – complete in all respects
2. **Statement of Incident form** (enclosed) - complete in all respects
3. **FIR** copy or a **General Complaint** letter to Police - Attested either in Hindi or English with description of all the lost things including card and clearly mentioned that **“Appropriate action need to be taken against culprit”**(FIR is mandatory for the claim amount of more than INR 1,00,000/-)
4. **Card blocking date confirmation** – this information can be provided on the claim form also.
5. **Credit / Debit Card statement** – Last 03 month card statement by the Bank (indicating forged transactions and consumer loss liability) In the case of Debit card lost, Letter from the bank confirming the mentioned debit card issued against A/C# to the customer (customer name).
6. **Letter of Subrogation** (format enclosed) - This should be on the stamp paper of Rs 100/-
7. Copy of a Valid Photo I.D & address Proof. – Pan Card + any one (Aadhar Card, Driving License, Voters I.D, Passport). **If you are sharing Aadhar card as a KYC document, please ensure you share a masked copy of the same.**
8. In case of international fraud transactions, copy of Visa and Immigration pages which confirm date of visit.
9. Two Passport Size Photographs (ONLY if claimed amount is **more than 1 Lakh**).
10. Copy of **letter of the dispute** raised with the concerned Bank with service request number.
11. **Cancelled Cheque** with name printed (Policy Holder's name is required)
12. **Name Mismatch Affidavit** – In case there is a mismatch in the name mentioned on Id Proof / Cancelled cheque against policy document, a notarized Rs. 10/- affidavit is required.
13. **Credit / Debit Card statement**- Post 04 months attested statement by the Bank from the date of the disputed transaction / Non-reversal letter from the bank against disputed transaction(s) on the letter head with their stamp on it.

On receipt of the same, we would proceed with the final processing of your claim through our insurance partners. Please note that the completed documents **should reach us within 30 days from the date of report**, at the following address in the BRE envelope enclosed (Please drop the complete packet in the nearest post box):

CPP Assistance Services Pvt. Ltd
Ground Floor, Wing 'A',
Tower - A, Golf View Corporate Towers,
Golf Course Road,
Sector - 42, Gurgaon,
Haryana – 122002

If you have any queries regarding the above, please feel free to contact us on our Helpline numbers.

With Warm Regards
CPP Team