

Public Liability (Industrial) (Commercial) Claims Form

Public Liability Industrial Policy (Commercial)

CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Claim No. _____
 No. _____

Policy

1.	(a)	Name of Insured	_____
	(b)	Address	_____

	(c)	Period of the Policy	From ___/___/_____ to ___/___/_____
	(d)	Limits of Indemnity under the Policy	_____
2.		Particulars	
	(a)	Date of Occurrence	___/___/_____ Time ___:___ AM/PM
	(b)	Place of accident/incident	_____
	(c)	When did you first come to know of the accident/incident?	_____
	(d)	When was the accident/incident reported to you?	_____
	(e)	When the claim was first notified to the Insurer?	_____
3.		Particulars of consequences of the accident/incident	
	(a)	Has any person/s sustained any injuries in the accident/incident? If so,	

		i. Give name/s , address/es and occupation/s of such person/s.	_____ _____
		ii. State where such person/s was at the time of accident/incident.	_____
		iii. Have the injured person/s been removed to hospital or medically attended? If so, give particulars.	_____ _____ _____
	(b)	Has the accident/incident caused damage to property or livestock? If so, give name/s and address/es of the owner/s of the property and/or the livestock and full description of the property and state the nature of and extent of damage.	_____ _____ _____ _____
	(c)	Has any claim been made upon you by any person/s? If so, state by whom and give full particulars (If claim has been made in writing, attach a copy of the notification received and of the bill, if submitted)	_____ _____ _____ _____
	(d)	Estimated amount of claim (INR) separately under (a), (b) & (c)	
4.	(a)	Give, if possible, the names and addresses of all witnesses to the accident/incident	_____ _____
	(b)	Has the accident/incident been reported to any authority? If so, state to whom and attach a copy of the report submitted.	_____ _____ _____
	(c)	What action, if any, has been taken by the authority?	_____ _____

	(d) Give particulars of any other insurance, if any, in respect of the same risk/liability.	<hr/> <hr/>
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I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident/incident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and Void.

Date :	Signature of Insured:
Place :	Name: