HOUSEHOLDER'S PACKAGE POLICY (RETAIL)
Claim Form
Public Liability (Non-Industrial)

Householder's Package Policy (Retail)

CLAIM FORM

PUBLIC LIABILITY (NON-INDUSTRIAL)

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

Claim No._____   **Policy No.**_____

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 _____

(c) When did you first come to know of the accident? _____

(d) When was the accident reported to you? _____

(e) When the claim was first notified to the Insurer? _____

3. Particulars of consequences of the accident
(a) (i) Has any person/s sustained any injuries in the accident? If so, Give name/s, address/es and occupation/s of such person/s.
_____
_____
_____

ii. State where such person/s was at the time of accident.
_____

iii. Have the injured person/s been removed to hospital or medically attended? If so, give particulars.
_____
_____

(b) Has the accident 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
_____
_____

(b) Has the accident 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.
_____
_____

Declaration

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, 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: