
Office Package Insurance Policy (Retail)

Section 10: Public Liability Claim Form

Claim No. _____

Policy No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.

A. The Insured

Risk Code (For office use) _____

Name _____

Address _____

Tel No. Office _____ Mobile _____ email _____

Contact name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance ____/____/____ to ____/____/____

Limit of Indemnity _____

AOA _____ AOY _____

C. Details of Accident

Date of Accident ____/____/____ Time of accident ____ am/pm

Where did the accident happen _____

State clearly how the accident occurred _____

When was the accident first reported to you ____/____/____

When did you come to know of the accident ____/____/____

Was the accident reported to Police or any other authority

Yes No

If yes, please provide details & attach copy of the Report lodged

Whether any action taken by such authority _____

D. Witness Details

Please provide name and address of all witnesses to the incident/accident

E. Have you received any indication that a demand or claim will be made upon you for the incident or accident? Yes No
If yes, please provide details including who has raised the demand and attach documents indicating the demand made _____

F. Damage caused to property/livestock

Name of owner _____
Address _____
Description of property/Livestock _____

Nature of Damage _____
Estimate cost of damage _____

G. Injury to persons

Has the accident resulted in death/injuries to any person? Yes No
If yes, provide name, address, age and occupation of person(s) injured

Where was the above person(s) at the time of incident _____
Whether injured taken to hospital or treated medically? Yes No
If yes, provide details _____

H. Estimated claim, separately under E, F & G above

I. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items/injuries _____

J. Details of previous losses, if any _____

K. Declaration

I/we solemnly and sincerely declare:

1. That the information provided on this claim form and statement of claim is true in every respect
2. I/we understand that the claim may be refused if information is withheld, false, misleading or concealed
3. That there was no other insurance covering this loss current as on date of this incident
4. I/we acknowledge that this claim form is a legal document and as such may be used in any legal proceedings resulting from this claim.

Signature of insured _____

Date ____/____/____