

PRODUCT LIABILITY CLAIM FORM

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

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim Number :

Policy Number :

Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT :

Name as per Policy : _____
 Address : _____

 City: _____ State : _____ Pin : _____
 PhoneNumber : _____ Mobile Number : _____
 Email ID : _____

B. DETAILS OF ACCIDENT:

1	Date & Time of Occurrence/accident	
2	Place of Occurrence/accident	
3	Who has witnessed the accident, provide the name and contact details	
4	When did you got the information	
5	Date on which the claim was intimated to the Insurer	
6	Details of accident consequences	
a	Anybody died/injured in the accident, please provide the details	
	What is the role of such person at the loss location	
	Details of medical assistance provided to the injured person	
b	Damage to property or livestock	
	Details of the property damaged and ownership details	
c	Details of any claim made upon you by any person	
	Details of such claim and person details	
d	Estimate of claim under the above heads a,b & c.	
7	Probable cause of loss in detail	
8	Details of Police Report and enclose the copy	
9	Action taken by the police	

C. DETAILS OF CLAIM / LEGAL SUIT :

1	Name of the court	
2	Case Number	
3	Name of the plaintiff	
4	Notice period	
5	Date of hearing	
6	Amount claimed	
7	If this is a follow up report	
a	Date of Disposition	
b	Type of Disposition (Settlement, judgement, dismissal, claim dropped etc)	
c	Amount of Disposition	
d	If Appeal case, by whom	

D. DETAILS OF OTHER INSURANCE :

Give details of other Insurance, if any, covering the present loss	
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E. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any	
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DECLARATION :

I/We, the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect and 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, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited. I/We also agree to provide additional information to the Company, if require.

Place:

Signature of the Insured

Date :

(Seal is mandatory for companies)