

## PUBLIC LIABILITY POLICY – NON INDUSTRIAL RISKS CLAIM FORM

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

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number 

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| Claim Number |  |  |  |  |  |  |  |
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NOTE: PLEASE DO NOT TO ADMIT ANY LIABILITY IF ANY CLAIM OR NOTICE IS RECEIVED IN RESPECT OF THE PRODUCT LIABILITY.

## INSURED DETAILS

**1. Name of the Proposer (in full):**

[illegible]

2. Address of the Proposer:

[illegible]

\*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

### 3. Bank Details:

[illegible]

## DETAILS OF ACCIDENT

4. Date and time of occurrence:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

|   |   |   |   |           |
|---|---|---|---|-----------|
| H | H | M | M | AM/<br>PM |
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**5. Place of accident:**

**6. When did you first come to know of the accident?**

7. When was the accident reported to you?

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8. When was claim first notified to the Insurer?

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9. Please provide consequences of accident

- a. Has any person sustained any injuries in the accident? ☐ YES ☐ NO

If YES,

- i) Give name/s , address/es and occupation/s of such person/s

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- ii) State where such person was at the time of accident

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- iii) Have the injured persons been removed to hospital or medically attended? If YES, please give particulars

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- b. Has the accident caused damage to property or livestock? ☐ YES ☐ NO

If YES, please 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

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- c. Has any claim been made upon you by any person? ☐ YES ☐ NO

If YES, please 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)

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- d. Please specify estimated amount of claim separately under a., b. and c.

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10. Please provide probable cause of loss (Brief Description)

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11. If possible, please provide the names and addresses of all witnesses to the accident

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- a. Has the accident been reported to any authority? ☐ YES ☐ NO

If YES, please state to whom and attach a copy of the report submitted

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- b. What action, if any, has been taken by the authority?

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- c. Give particulars of any other insurance, if any, in respect of the same risk

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**12. What is the type of action? (e.g. Claim only, Law suit) Please attach the copy of Notice of claim letter or legal notice that is received.**

a. Name of The Court:\_\_\_\_\_

b. Case  
No.:\_\_\_\_\_

c. Name of the plaintiff:\_\_\_\_\_

d. Notice period:\_\_\_\_\_

e. Date of Hearing:\_\_\_\_\_

f. Amount Claimed:\_\_\_\_\_

If this is a follow up report, then following details must be provided

g. Date of Disposition\_\_\_\_\_

h. Type of Disposition (e.g. settlement, judgment, dismissal, claim dropped, etc.)\_\_\_\_\_

i. Amount of Disposition: INR\_\_\_\_\_

j. Appeal: ☐ YES ☐ NO

If \_\_\_\_\_ Yes, \_\_\_\_\_ them \_\_\_\_\_ please \_\_\_\_\_ specify \_\_\_\_\_ by \_\_\_\_\_ which  
party\_\_\_\_\_

(Please attach a copy of court order or settlement agreement if applicable.)

## DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be forfeited. I/We also agree to provide additional information to the company, if required.

Date: \_\_\_\_\_

Proposer Signature: \_\_\_\_\_

## SECTION – 41 OF INSURANCE ACT 1938 - PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in



accordance with the prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten lakh Rupees.

Insurance is the subject matter of solicitation.

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800