

COMMERCIAL GENERAL LIABILITY

CLAIMS FORM

(The issue of this form is not to be taken as an admission of liability)

1. Details of the Insured	
(a) Name of Insured	
(b) Address	
(c) Contact Person	
(d) Phone No.	
(e) Email ID	
(f) Policy Number	
(g) Period of the Policy	
(h) Limits of Indemnity under the Policy	
(i) Do you have any other insurance policies covering in respect to the same incident? If yes, give details of insurer, policy no., etc.	
2. Particulars of accident:	
(a) Date and Time of occurrence	
(b) Place of accident	
(c) Describe fully how it had occurred?	
(d) When did you first come to know of the	

accident and from whom?	
(e) Describe in detail your immediate actions taken upon receipt of the incident? (f) Is the damage because of a defective product? If yes, please give details of the product features, manufacturing /testing /logistic details / utility, etc. on a separate sheet	
3. Particulars of consequences of the accident – The Injured Person	
(a) Has any person sustained any injuries in the accident? If so, (i) Give name/s, address/es and occupation/s of such person/s. (ii) State where such person was at the time of accident. (iii) Have the injured persons been removed to hospital or medically attended? If so, give particulars. (iv) Was the injured person in your direct employment? If no, please provide details of his employer. (v) What is the nature of his work? (vi) Was he guilty of any insobriety, misconduct or disobedience to instructions or rules? (vii) Nature and region of injury?	

Particulars of consequences of the accident – Damage to Property of Others	
(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 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 third party? 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 separately under (a), (b) and (c)	

(e) Give, if possible, the names and addresses of all witnesses to the accident.	
(f) Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.	
(g) What action, if any, has been taken by the authority?	

Declaration by Insured:

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.
- e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Insured's Signature

Date:

Place: