

ERRORS AND OMISSIONS INSURANCE POLICY CLAIMS FORM

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											
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):											
2. Address of the Proposer:											
State Pin Code Pin Code Mobile No											
Email id											
*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in											
above mentioned policy. 2. Bank Details:											
Bank Name Branch											
Type of A/c A/c no											
Pan No MICR code MICR code											
DETAILS OF ACCIDENT											
4. Date of occurrence:											
5. Place of occurrence:											
6. Who is directly responsible for the loss?											
7. Who has made the claim on you? (If claim has been made in writing, attach a copy of the demand/ legal notice received and of the bill, if any, submitted).											



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8. Please provide name and address	of the cla	imant																
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State					P	in Co	ode							T				
Mobile							ine No											
Email id																		
0.71																		
9. Please specify the Claimant's oc	cupation?																	
10. Give full particulars of any othe	r relevant	asnect																
10. Give full particulars of any one	i icic vanit	aspect	•															
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11. Please provide the amount cla																		
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12.	Give the names and addresses of Person who witnessed the incident
13.	Has the incident been reported to Police or any other authority? YES NO If YES, please state to whom and
attach	a copy of the report submitted.
14.	What action, if any, has been taken by the authority?
15.	Please give particulars of other insurance if any, in respect of the same risk
_ 16. I	lease provide details of any claim been made upon you before
DECL	ARATIONS
inform	hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above ation or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to e additional information to the company, if required.
Date:	Proposer Signature: