

## LIABILITY INSURANCE CLAIM FORM

Please complete the form in "**BLOCK CAPITAL**" letters

### **IMPORTANT NOTICE**

This form should be completed and returned to the Company as soon as possible, whether or not a claim is being made. The issuance or acceptance of this form is neither to be regarded as an admission of liability nor as a waiver by the Company of any breach of the Policy Conditions.

<b>PARTICULARS OF INSURED</b>	
Name of Insured	
Policy No.	Contact Person / Telephone No.
Occupation / Business	
Postal Address	

<b>DETAILS OF OCCURRENCE</b>		
Date of Incident	Time	Place
Describe exactly how the incident occurred.		
When was the incident reported to you and from whom?		
Give names and contact details of all witnesses. (State if own employee or independent)	(1)	
	(2)	
	(3)	
What works were you or your employees engaged to do?		
Name and address of person who caused or who was to blame for the incident. Name and address of this person's employer if other than Insured.		
Were particulars taken by Police? If yes, provide telephone number, name of police station and officer's name.		

Do you hold any other policies covering you for this incident? If yes, provide particulars. If no, write "No".	
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<b>PARTICULARS OF POSSIBLE CLAIMANT</b>	
Name	
Address	
Provide full details of injury or damage	
Estimate of damage	
In your opinion, was the claimant responsible for the incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please provide reason
Have you received notice of claim from the claimant? If yes, from whom, when and in what form? If claim in writing, please forward it with this form.	

<b>REPLY ONLY NECESSARY IF CLAIM IS UNDER A PROPERTY OWNER'S POLICY</b>	
Name and address of your tenant	
Nature of tenancy and date of commencement	
Had any notice of defect been given to you or your agent prior to the incident? If yes, on what date and what steps were taken to remedy such defect? Please provide a copy of the Tenancy Agreement.	

<b>IN PRODUCT CASES ONLY</b>	
Please provide details of the product alleged to have caused injury/damage	
Your opinion on cause of the injury/damage	
Details of any defects	
Identity of distributor/retailer	
Any other comments? <i>(If insufficient space, please attach another page)</i>	
What duty did you owe to the injured person or owner of the damaged property?	

How could you have prevented the incident?	
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I/We declare that the foregoing particulars are true and correct and that I/We hold no other policy indemnifying me/us in respect of this incident.

Date :

Signature of Insured (with company stamp) :

Designation :

Name :

NIC / Passport No :