

CLAIM FORM - PRODUCT LIABILITY INSURANCE POLICY

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. Other particulars may be sent later.



General Insurance Company Ltd.

Toll Free No. 1800 266 3202

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 DDMMYYYY 6. Amount claimed

7. If this is a follow up report

a. Date of Disposition DDMMYYYY

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

E. DETAILS OF PREVIOUS LOSSES

Give details of previous claims, if any

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:

Date: DDMMYYYY

Signature of the Insured
(Seal is mandatory for companies)