

CLAIM FORM - PUBLIC LIABILITY INSURANCE (ACT) POLICY

Issue of this Claim Form is not to be taken as an admission of Liability.



General Insurance Company Ltd.

Toll Free No. 1 800 266 3202

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

A. THE INSURED

Name

Address

City State Pin Code

Office Number Mobile Number

Email ID

B. POLICY DETAILS

Policy No. Period of Insurance: From To

Limits of Indemnity under the Policy

C. PARTICULARS

Date of Occurrence Time : AM/PM

Place of accident

D. PARTICULARS OF CONSEQUENCES OF THE ACCIDENT

- a) When did you first come to know of the accident?
- b) When was the accident reported to you?
- c) When the claim was first notified to the Insurer?
- d) Has any person/s 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/s was at the time of accident.
- iii. Have the injured person/s been removed to hospital or medically attended? If so, give particulars.
- e) 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 the livestock and full description of the property and state the nature of and extent of damage.
- f) Has any claim been made upon you by any person/s? 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)
- g) Estimated amount of claim, Give, if possible, the names and addresses of all witnesses to the accident
- h) Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.

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i) What action, if any, has been taken by the authority?

j) Give particulars of any other insurance, if any, in respect of the same risk/liability.

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Place:

Date

Signature of Insured

Company's stamp