

Claim Number: _____

Policy Number: _____

1. DETAILS OF INSURED

Name of Insured:

Address:

City State Pin Code

Period of the Policy From To

Limits of Indemnity under the Policy

2. PARTICULARS

(a) Date of Occurrence Time: AM/PM

(b) Place of accident

(c) When did you first come to know of the accident?

(d) When was the accident reported to you?

(e) When the claim was first notified to the Insurer?

3. PARTICULARS OF CONSEQUENCES OF THE ACCIDENT

(a) 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.

(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 the 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 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)

(d) Estimated amount of claim (INR) separately under (a), (b) & (c)
