



RAHEJA QBE GENERAL INSURANCE CO. LTD.

COMBINED GENERAL LIABILITY POLICY

CLAIM FORM

The issue of this form is not to be taken as an admission of liability or a waiver of any of the terms and conditions of the Policy.

Please complete and return of this form to Raheja QBE at the earliest. Do not delay if any information required cannot be immediately given. The same can be forwarded to Raheja QBE later, as soon as possible. (If space found insufficient please attach separate sheet).

Policy Number:

I. INSURED'S DETAILS:

1. Name: _____

2. Address: _____

City: _____ Pin Code: _____
3. Contact Person: _____
4. Contact Number: _____
5. Period of Insurance: From _____ To _____
6. Limits of Liability: _____

II. PARTICULARS OF CLAIM INCIDENT:

1. Date & Time of Occurrence: _____
2. Place of incident: _____
3. Brief description of the kind and history of the Occurrence: _____

4. When did you first come to know of the accident? _____
5. When was the accident reported to you? _____
6. When was the claim first notified to Raheja QBE? _____

III. PARTICULARS OF CONSEQUENCE OF THE ACCIDENT:

1. Has any person sustained any injuries in the accident? Yes No

If yes, please give the following information:



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| Sl. No. | Name | Address & Contact Number | Occupation | Location at the time of incident |
|---------|------|--------------------------|------------|----------------------------------|
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Has/Have the injured person(s) been medically attended? Yes No

If yes, please give details. _____

2. Has the accident caused damage to property? Yes No

If yes, please give the following information:

| Sl. No. | Name of the owner(s) of the property | Address & Contact Number | Description of the property | Nature and extent of damage |
|---------|--------------------------------------|--------------------------|-----------------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

3. Has any claim been made upon you by any person? Yes No

If yes, state by whom and give full particulars. _____

(Attach a copy of the notification received and of the bill, if submitted)

4. Estimated amount of Claim _____

5. Give, if possible, the names of all witnesses to the accident. (Use additional sheet if required)

| Sl. No. | Name of the witness | Address | Contact Number |
|---------|---------------------|---------|----------------|
| | | | |
| | | | |

6. Has the accident been reported to any authority? Yes No



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If yes, mention to whom and attach a copy of the report submitted. _____

7. What action, if any, has been taken by the authority? _____

8. Give details of Statute/Law under which in your opinion, liability may arise. _____

IV. DETAILS OF OTHER INSURANCES

Give details of other Insurances, if any, covering the current loss. _____

V. DETAILS OF PREVIOUS LOSSES

Give details of similar Previous Claims. _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and I/we agree that if I/we have made, or in further declaration the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, or if my/our claims is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void.



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Date :

Place :

Signature of the Claimant