

## PRODUCT LIABILITY INSURANCE CLAIM FORM

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

The Company must be notified as soon as Loss or Damage has become known, without delay. If any detail or information is not readily available, such particulars may be sent later.

**A. INSURED:**

1	Name:	
2	Address:	
3	City:	Pin Code:
4	Telephone Number:	
5	Policy Number	
6	Period of Insurance	From                      To
7	Limits of Indemnity under the policy:	

**B. PARTICULARS OF ACCIDENT:**

1	Date & Time of Occurrence	
2	Place of accident	
3	Brief description of the kind and history of the Occurrence.	
4	When did you first come to know of the accident / when was the accident reported to you?	
5	When was the claim first intimation to RQBE General Insurance Co. Ltd.?	

**C. PARTICULARS OF CONSEQUENCE OF THE ACCIDENT:**

1.	Has any person sustained any injuries in the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	If yes, please give name(s) of such Person(s), their addresses and occupation in a separate sheet. Please also state where such person(s) was/ were at the time of accident		
	Has/Have the injured person(s) been removed to hospital or medically attended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, give particulars		
2.	Has the accident caused damage to property or livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, give name(s) and address(es) of the owner(s) of the property and / or livestock, and full description of the property, and state the nature and extent of damage		
3.	Has any claim been made upon you by any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, 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 separately under C 1, C 2 and C3		
5.	Give, if possible, the names of all witnesses to the accident		
	<b>Name</b>	<b>Address</b>	<b>City</b>
			<b>Pin Code</b>
6.	Has the accident been reported to any authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, state 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	
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**D. DETAILS OF OTHER INSURANCES**

Give details of other Insurances, if any, covering the present loss	
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**E. DETAILS OF PREVIOUS LOSSES**

Give details of Previous Claims, if any, on the same item	
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I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

**Date** :

**Place** :

**Signature of the Insured**

[Add below any additional information available regarding the accident]