

PUBLIC LIABILITY INSURANCE - 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, conditions or exclusions of the Policy

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.

(if space is found insufficient please attach a separate sheet)

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. Please attach Incident Report if available	
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 died or 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		
	Name	Address	City
			Pin Code
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, 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 will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim 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 knowledge, my/our claim shall be null and void.

Date :

Place :

Signature of the Insured

[Add below any additional information available regarding the accident]