

Bajaj General Insurance Ltd.

Bajaj Insurance House, Airport Road, Yerawada, Pune 411006

Issuing Office: Pune Regional Office

LIABILITY INSURANCE CLAIM FORM

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

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy Number:

A. INSURED:

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

B. PARTICULARS OF OCCURRENCE:

1.	Date & Time of Occurrence	
2.	Place of Occurrence	Error! Not a valid bookmark self-reference.
3.	Brief description of the kind and history of the Occurrence	
4.	When did you first come to know of the Occurrence?	
5.	When was the Occurrence reported to you?	
6.	When was the claim first notified to the Insurer?	

C. PARTICULARS OF CONSEQUENCE OF THE OCCURRENCE:

1.	Has any person sustained any injuries due to the Occurrence? If so,	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Give name(s) of such Person(s)	Error! Not a valid bookmark self-reference.
	Address(es)	
	City	Error! Not a valid bookmark self-reference. Pin Code:
	Occupation	Error! Not a valid bookmark self-reference.
	State Where Such Person(S) Was/Were At The Time Of	Error! Not a valid bookmark self-reference.

	Occurrence					
	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 Occurrence 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	Error! Not a valid bookmark self-reference.				
5.	Give, if possible, the names of all witnesses to the Occurrence	<table border="1"> <thead> <tr> <th>Name</th> <th>Addresses</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Name	Addresses		
Name	Addresses					
	City	Pin Code				
6.	Has the Occurrence 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?	Error! Not a valid bookmark self-reference.				
8.	Give details of Statute/Law under which in your opinion, liability may arise					

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 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 Occurrence, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited and the Policy shall be null and void.

Date :

Place :

Signature of the Insured