Bajaj Allianz General Insurance Co Ltd

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:
Claim Ref No.
Patient no.

A. INSURED

1.	Name:	
2.	Address:	
3.	Telephone Number:	
4.	Period of Insurance:	
5.	Limits of Indemnity under the policy:	

B. PARTICULARS OF OCCURRENCE:

1.	Date & Time of Occurrence	
2.	Place of Occurrence	
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,	☒ Yes ☐ No
	Give name(s) of such Person(s)	
	Address(es)	
	City	Pin Code:
	Occupation	-
	State Where Such Person(S) Was/ Were At The Time Of Occurrence	
	Has/Have the injured person(s) been	☒ Yes ☐ No

	removed to hospital or medically attended?	
	If so, give particulars	
2.	Has the Occurrence caused damage to property or livestock?	☐ Yes ☒ 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?	☒ Yes ☐ 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	Name / Addresses
	City :	
6.	Has the Occurrence been reported to any authority?	☒ Yes ☐ 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	

D. DETAILS OF OTHER INSURANCES		
	Give details of other Insurances, if any, covering the present loss	
E. DETAILS OF PREVIOUS LOSSES		
	Give details of Previous Claims, if any, on the same item	

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 : **Error! Not a valid bookmark self-reference.**

Signature of the Insured