

GENERAL CLAIM FORM

Class of Risk: _____ Agency: _____

The Insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company. The acceptance of this Form is not in itself an admission of liability on the part of the Company.

(1) PARTICULARS OF THE INSURED

Name : _____

Address : _____

Contact No : _____ Policy No : _____

Business / Occupation : _____

Are there any other insurance in force which would cover this loss in whole or in part ? Yes or No

If yes, please state : _____

(2) DETAILS OF THE ACCIDENT / LOSS / INJURY

Date: _____ Time : _____ Location : _____

Describe in detail how it occurred : _____

Nature & Extent of the Damage / Loss / Injury (full description) : _____

Have you ever before sustained / suffered damage / loss / injury of a similar nature ? Yes or No

At which Police Station was this damage / loss reported ? _____

(3) PARTICULARS OF THE THIRD PARTY PROPERTY / INJURY

Name : _____

Address : _____

Nature & Extent of Damage / Injury : _____

Comments (if any) : _____

