Public Liability (Industrial) (Commercial)

Claims Form

MAGMA General Insurance Limited

Public Liability Industrial

Public Liability Industrial Policy (Commercial)

CLAIM FORM

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

Claim No._____ Policy No._____

1.	(a)	Name of Insured	_____
	(b)	Address	_____
			_____
			_____
	(c)	Period of the Policy	From __ __ / __ __ / __ __ __ __ to __ __ / __ __ / __ __ __ __
	(d)	Limits of Indemnity under the Policy	_____
2.		Particulars	
	(a)	Date of Occurrence	__ __ /__ __ /__ __ __ __ Time __ __ : __ __ AM/PM
	(b)	Place of accident/incident	_____
	(c)	When did you first come to know of the accident/incident?	_____
	(d)	When was the accident/incident reported to you?	_____

	(e)	When the claim was first notified to the Insurer?	_____
3.		Particulars of consequences of the accident/incident	
	(a)	Has any person/s sustained any injuries in the accident/incident? If so,	
		i. Give name/s , address/es and occupation/s of such person/s.	_____ _____
		ii. State where such person/s was at the time of accident/incident.	_____
		iii. Have the injured person/s been removed to hospital or medically attended? If so, give particulars.	_____ _____ _____
	(b)	Has the accident/incident caused damage to property or livestock? If so, give name/s and address/es of the owner/s of the property and/or the livestock and full description of the property and state the nature of and extent of damage.	_____ _____ _____ _____
	(c)	Has any claim been made upon you by any person/s? If so, state by whom and give full particulars (If claim has been made in writing, attach a copy of the notification received and of the bill, If submitted)	_____ _____ _____ _____
	(d)	Estimated amount of claim (INR) separately under (a), (b) & (c)	

4.	(a)	Give, if possible, the names and addresses of all witnesses to the accident/incident	_____ _____
	(b)	Has the accident/incident been reported to any authority? If so, state to whom and attach a copy of the report submitted.	_____ _____ _____
	(c)	What action, if any, has been taken by the authority?	_____ _____
	(d)	Give particulars of any other insurance, if any, in respect of the same risk/liability.	_____ _____

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 any further declaration, the Company may require in respect of the said accident/incident, 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 :	Signature of Insured:
Place :	Name: