ICICI Lombard

INCIDENT REPORTING FORM
PROFESSIONAL INDEMNITY POLICY FOR CONSULTING ENGINEERS, ARCHITECHTS & INTERIOR DECORATORS

(The issue of this form is not to be taken as an Admission of Liability)

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given, they may be forwarded to the Company afterwards as soon as possible.

DETAILS OF INSURED

	Name	
	Policy No.	
	Occupation/Profession of Insured	
	Address	
	Contact No	
	Email id	

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/Close relatives/Associates of PEP*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): _____

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations and important political party officials;".

DETAILS OF CLAIM

	Name of the Claimant	
	Address	
	Contact No.	
	Date of claim	
	Amount of claim	
	Capacity in which the claimant is making the claim i.e. as client, third party, any other)	
	Allegation in the claim (Please attach a copy of the claim notice)	
	In case you anticipate a claim, please specify	
	The reason why you anticipate such a claim, Nature of error or omission if any on your part	
	From whom and when you anticipate such a claim	

OTHER DETAILS

	Mention the type of professional service provided to the Claimant / prospective claimant	
	When was the service provided to Claimant / prospective claimant	
	When and how did you first come to know of the error/omission	
	Address of the location/construction site where the error/negligence has occurred	
	Brief description of the incident which can lead to claim	
	Give particulars of any other insurance, if any in respect of the same risk.	

I/We hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this incident reporting form are true, correct and complete.

(b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

(c) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

(d) The receipt of this incident reporting form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Date: D D / M M / Y Y Y Y

Place:

Signature of Insured:

ICICI Lombard

CLAIM APPLICATION FORM OF PROFESSIONAL INDEMNITY POLICY for ENGINEERS, ARCHITECTS & INTERIOR DECORATORS

(The issue of this form is not to be taken as an admission of liability)

This will be in continuation of the Incident Reporting Form dated

This form is only for the purpose of intimating the Company about the claims made. Insured shall not enter into compromise/settlement without the written permission of the Company. The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

DETAILS OF INSURED

	Name	
	Address	
	Contact No	
	Email id	
	Policy No.	

DETAILS OF ALLEGED CLAIM

	Alleged Date & Time of Error/Omission/negligence	
	Name of the person who has been alleged for Error/Omission Designation Qualification	
	Brief description of the event	

DETAILS OF CLAIMANT

	Give name/es, address/es occupation/s of Claimant (Attach separate sheet, if space not sufficient)	
	Details of Injury/death/damage/loss to the claimant (Attach separate sheet, if space not sufficient)	
	Number of victims	
	Mention the capacity under which the claim is being made by the claimant (Attach the written complaint/notice given by the claimant)	
	Has the accident caused damage to property? If so, give name/s and address/es of the owner/s of the property and full description of the property and state the nature and extent of damage.	
	Mention the amount of compensation claimed	

COMPROMISE DETAILS

	Do you agree that you are liable for the incident. Give reasons	
	Reasons for compromise / settlement Please provide comprehensive detail of all reasons, game-plans/strategy for the same.	
	What is the present status of compromise/ settlement negotiations?	
	What is the quantum of liability, you are proposing to agree to?	

COURT PROCEDURE

	Has any case been filed in any court of law/tribunal against you, in relation to the incident ?	
	Have any notices / summons of the court been received by you? If yes, please provide copies of the same.	
	Details of the main Parties of the leagal Proceedings	
	Has the court passed any interim or final order? If yes, please provide copies of the same	
	Also provide copies of all the documents that have been submitted to the Court either by you or the Claimants.	

DETAILS OF LEGAL ADVICE

	The Insured's proposed response to the alleged claim/complaint?	
	Does the insured propose to/has already availed of, any legal advise.	
	If Yes, details of the lawyer/law firm together with their opinion	
	If No, the proposed steps by the Insured to evaluate the legal liability risk in the context of its response/proposed response and the facts having bearing on the matter.	
	Estimated Legal/Defence Cost/fees which will be incurred	

MISCELLANEOUS

	Any other evidence in support of claim.	
	Give particulars of any other insurance, in respect of the same risk.	

I/We hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this incident reporting form are true, correct and complete.

(b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

(c) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

(d) The receipt of this incident reporting form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Date: D D / M M / Y Y Y Y

Place:

Signature of Insured:

ICICI Lombard

CLAIM SETTLEMENT FORM OF PROFESSIONAL INDEMNITY POLICY FOR CONSULTING ENGINEERS, ARCHITECTS & INTERIOR DECORATORS

(The issue of this form is not to be taken as an admission of liability)

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1. What is the quantum of the settlement that has been arrived at between you and the Claimants?
   Please provide proof of the following (agreement, understanding, court order, court award etc)
2. If decided by a court, what is the quantum of liability imposed on you?
   Please provide copy of the court award.
3. What are the total defence costs that have been incurred by you, till date, if any?

DECLARATION

I/We hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this incident reporting form are true, correct and complete.

(b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

(c) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

(d) The receipt of this incident reporting form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

(e) I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Date: D D / M M / Y Y Y Y

Place:

Signature of Insured: