

CLAIM FORM FOR PUBLIC LIABILITY INSURANCE - INDUSTRIAL RISKS

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

Office Address:	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident : DD / MM / YYYY
	Claim Number :

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										
Landmark:										
City:		State:		Pin code:						
Contact Number		Limits of Indemnity under the Policy								

Are you or any of the proposed applicants 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;".

PARTICULARS OF ACCIDENT :

Date	DD / MM / YYYY	Time of Occurrence	00 : 00 hour
Place of Accident			
Brief description of the accident (attach separate sheets if necessary)			
When did you first come to know of the accident ?			

HAS THE ACCIDENT BEEN REPORTED TO ANY AUTHORITY? IF SO, STATE BY WHOM AND ATTACH A COPY OF THE REPORT SUBMITTED (LIKE METEOROLOGICAL REPORT, POLLUTION CONTROL REPORT ETC.)

What action, if any, has been taken by the Insured to mitigate the loss?

Give particulars of any other Insurance, if any, in respect of the same risk.

I/We hereby agree, affirm and declare that:

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

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.

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.

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.

Place:

Date : DD / MM / YYYY

Signature of Insured: _____

CLAIM APPLICATION/CONSENT REQUISITION FORM

Public Liability Insurance (Industrial Risks)

Office Address:	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident :
	Claim Number :

(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 / seeking the permissions of the Company to enter into a compromise. Insured shall 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	
Landmark:	
City:	
State:	
Pin code:	
Contact Number	
Limits of Indemnity under the Policy	

ACCIDENT PARTICULARS

Date of Occurrence	/ /	Time of Occurrence	: hour
Place of accident			
Nature of accident (Such as Boiler explosion, Gas Leak etc.)			
Brief description of accident (Attach separate sheets if necessary)			

PARTICULARS OF CONSEQUENCES OF THE ACCIDENT

Details of loss / injury / death / damage	
Number of victims	
Give name/es, address/es occupation/s of such person/s	
State where such person were at the time of accident	
Have the injured persons been removed to hospital or medically attended? If so, give particulars	
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.	

COURT PROCEDURE (Contd.)

Has the court passed any interim or final order? If yes, please provide copies of the same.

[illegible]

Also provide copies of all the documents that have been submitted to the Court either by you or the Claimants, and copies of all the documents.

[illegible][illegible]

Claim Clause/ Settlement of Claim:

1) Claim Intimation: Connect with us via: Toll-free no.: 1800 2666,

Email ID: customersupport@icicilombard.com, on our website:

<https://coclaims.icicilombard.com/claimstracker/CommercialClaims/ccplandingpage.aspx>

Register the claim and submit claim related documents along with claim form. You will receive a claim reference number as your reference point for future correspondence.

2) File an FIR: In case of third-party property damage/bodily injury, fire etc. if applicable as per policy terms and conditions.

3) Surveyor Appointment: Your Claims Manager (CSM) will contact you and appoint a licensed surveyor basis claim eligibility within 24 hours of reporting the claim

4) Documents: submit documents to the assigned CSM/Surveyor.

List of documents which are necessary and relevant to the claim are as below:

1. Claim bill / Claim Form duly filled up
2. Photographs / Video of damaged property/item under claim
3. Document/s in support of admissibility of the claim, for instance, all proceedings filed before the courts, communications exchanged with the insured, invoices, payment proofs, internal/external investigation report of the insured, Insureds counsel opinion on merits and demerits of the case, insured counsel engagement letter etc.
4. FIR / Final Police investigation report wherever applicable
5. For items which are to be repaired or reinstated, repair/ replacement quotation, invoice and payment proofs for each and every item as claimed.
6. For items which are under claim & not to be repaired or reinstated, documents substantiating the quantum & value of the items under claim
7. Offer for retention of salvage, if any
8. KYC / NEFT Details as per AML guidelines
9. Invoice copy / Goods Receipt Note / Monetary Claim on carrier / Damage Certificate
10. Any other document which may be specified by the surveyor post completion of initial survey

5) **Assessment Approval:** Repair/Replacement details submitted in support of the claim will be assessed and approved by CSM/surveyor

6) **Salvage:** The amount that is assessed which the damaged asset will fetch in the open market (wherever applicable).

7) Turnaround Time (TAT): Assessment sheet /Survey report will be furnished within 15 days of receipt of claim form and documents. Claim will be decided within 7 days of receipt of the assessment sheet /survey report, as applicable.

MISCELLANEOUS

Details of claims if any preferred by the affected party / Insured for the same loss from another source.

[illegible]

Any other evidence in support of claim.

Any other evidence in support of claim. _____

Give particulars of any other insurance, in respect of the same risk.

[illegible]

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, 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.

Receipt and/or acceptance of the 'consent/Claim Application Form' shall not constitute or deem to constitute an approval for a settlement in terms of this clause and the Company reserves the right not to grant the permission.

Place :

Date: / /

Signature of Insured _____

CLAIM FORM FOR PUBLIC LIABILITY INSURANCE -INDUSTRIAL RISKS

Office Address:	Cover Note / Policy No : Period of Insurance : Date of Accident : D D / M M / Y Y Y Y Claim Number :
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(The issue of this form is not to be taken as an admission of liability)

This will be in continuation of the Consent! Claim Application Form dated DD / MM / YYYY

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.

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?

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, 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.

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.

Place :

Date : DD / MM / YYYY

Signature of Insured _____