

CLAIM FORM FOR PUBLIC LIABILITY INSURANCE

(Under Public Liability Insurance Act, 1991)

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

Address

Landmark:

City: State: Pin code:

Contact Number Limits of Indemnity under the Policy

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;".

PARTICULARS OF ACCIDENT :

Date / / Time of Occurrence : hour

Place of Accident

When did you first come to know of the accident?

When did you report 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 : / /

Signature of Insured:

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This will be in continuation of the Incident Reporting Form dated. / /

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DETAILS OF INSURED

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

PARTICULARS OF ALLEGED CLAIM OR COMPLAINT RECEIVED :

Alleged Date	/ /	Time of Occurrence	: hour
Alleged Place of accident			
Nature of accident			
Brief description of accident			

PARTICULARS OF THE NOTICE RECEIVED

Date	/ /	time	: hour of the receipt of notice / summons from the authorities
Documents received with the notice from the authorities.			
Please enclose the following			
Copy of notice forwarded by the appropriate authority.			
Copies of such documents as prescribed by the rules, which are submitted by the claimants to the appropriate authority & forwarded by the appropriate authority.			
What is the present status of the proceedings?			
Have the authorities passed any specific orders as of now? If yes, please provide copies of it.			
Has the subject matter of the alleged claim/complaint been earlier reported to the Company by an Incident Reporting Form?			
If yes, please provide date of Incident Reporting Form, and append copy thereof.			
If no, kindly submit a duly completed Incident Reporting Form/or set out here the Insured's views/comments on the alleged incident which has resulted in the alleged claim or complaint arising.			
The Insured's proposed response to the alleged claim/complaint?			

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No.
16, New Link Road, Malad (West),
Mumbai - 400 064.

ICICI Lombard General Insurance Company Limited

CIN : L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

CLAIM FORM FOR PUBLIC LIABILITY INSURANCE
(Under Public Liability Insurance Act, 1991)
Toll free no : 1800 2666
Alternate no : 8655222666 (Chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

UIN : IRDAN115CPLB0008V01202425 (Commercial)

CIN : L67200MH2000PLC129408

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.

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.	
Estimated quantum of liability under (ii) and (iii) above	

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

Any other evidence in support of claim.

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

Place : _____
Date : / /

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DETAILED VERSION ABOUT THE INCIDENT

PARTICULARS OF CONSEQUENCES OF THE ACCIDENT

Details of loss caused / injury / death / damage including information on victims as well as estimated quantum of

State where such person was 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 or livestock? 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 of the extent of damage.

Has any claim been made upon you by any person? 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).

Estimated amount of claim separately under (a), (b) and (c)

PLEASE ENCLOSE FOLLOWING DOCUMENTS

Copy of notice of claimant application forwarded by the appropriate authority under the Act.

Copies of such documents as prescribed by the rules, which are submitted by the claimants to the appropriate authority and forwarded by the appropriate authority.

Copy of the award of the appropriate authority along with the claim form duly completed

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.

Place :

Date : / /

Signature of Insured: _____