Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

LIABILITY CLAIM FORM

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

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No. _____ Claim No. _____

A. INSURED

Name _____

Address line 1 _____ City _____ Pin Code _____

Address line 2 _____ State _____

Phone No. _____ Mobile No. _____ Email _____

Business/Occupation _____ Period of Insurance From __/__/____ To __/__/____

Limits of Indemnity under the Policy _____

B. DETAILS OF LOSS

Date of Loss __/__/____ Time __:__ AM / PM

LOSS LOCATION

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Describe cause of Loss/Damage _____

_____

Estimated Loss (Rs.) _____

WITNESS DETAILS

Is any witness available for accident / loss? ☐ Yes ☐ No

If "Yes", specify

Name of the witness _____

Address line 1 _____

Address line 2 _____

City _____

State _____

Pin Code _____

Phone No. _____

Mobile No. _____

Email _____

INFORMATION TO AUTHORITY

Have any authority been informed about Accident / Loss? ☐ Yes ☐ No

If "Yes", specify

Name of the Authority _____

Contact Person _____

Authority reference no. _____

Address line 1 _____

Address line 2 _____

City _____ State _____

Pin Code _____

Phone No. _____ Mobile No. _____

Email _____

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy ☐ Yes ☐ No

Name of the Insurer _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____

Policy No. _____ Email _____

Period of Insurance From __/__/____ To __/__/____ Amount of Insurance _____

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details ☐ Yes ☐ No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF CONSEQUENCES OF THE ACCIDENT

A. Has any person sustained any injuries in the accident ? If "Yes", specify ☐ Yes ☐ No

Name/s of the injured person/s. _____

Occupation _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

State where such person was at the time of accident _____

Have the injured persons been taken to hospital or medically attended? If "Yes", specify ☐ Yes ☐ No

Name of hospital / physician _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

B. Has the accident caused damage to property or livestock? If "Yes", specify ☐ Yes ☐ No

Name/s of the owner/s of the property and/or the livestock _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Give 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? (If claim has been made in writing, attach a copy of the notification received and of the bill, If submitted) If "Yes", state by whom and give full particulars ☐ Yes ☐ No

Name of the person _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

Estimated amount of claim separately under

A	B	C	Total

F. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If "Yes", specify _____

_____

_____

_____

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, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place: **Signature:**

Date: **Name of Insured:**