



general insurance

## PUBLIC LIABILITY INSURANCE CLAIM FORM

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

LOX/LPX

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance:  to

### A. DETAILS OF INSURED/S

Name:

Address:

Pin code:

Telephone No:

E-mail Address:

Financial Interest:

Address of Financer:

Pin code:

If Insured is not the sole owner, for the nature of his / their interest in the property and the details of other Interests, a separate sheet may be enclosed.

### B. OCCURRENCE DETAILS

Date of occurrence:  Hrs.

Place of occurrence:

Nature & probable cause of occurrence:

Have you reported the incident to the police/statutory authority Yes  No

Details of the consequence of the occurrence:

Has any person been dead or suffered injury due to the above mentioned occurrence? Yes  No

If Yes, please give details.

a) Name(s) of such person(s)

b) The address(s)

c) Occupation

d) Where such person(s) were at the time of occurrence:

e) Please attach relevant reports like (PM/Medical Report)

Has any person suffered any loss/damage to their property? Yes  No

If Yes, please give details.

a) Name of such person(s):

b) Details of the property:

c) Nature of loss/damage:

d) Extent of loss:

**C. RECEIPT OF ANY LEGAL NOTICE**

Have you received any legal/monetary claim from such person(s) who suffered due to the incident mentioned above? Yes  No

If Yes, please attach a copy of the notice received.

Please inform what action you have taken after receipt of the notice.

Please attach separate sheet, if necessary.

**D. PREVIOUS LOSS HISTORY, IF ANY**

**E. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY**

**F. IN YOUR OPINION, IS ANY THIRD PARTY RESPONSIBLE FOR THE LOSS**

If yes name and address of such person

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.

Date:

Place:

Signature of Insured



general insurance

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