SHRIRAM GENERAL INSURANCE
be insured.... rest assured

Professional Indemnity Claim Form

The issue of this form is not an admission of liability. Please fill in all columns of the claim form. Attach Separate Sheet if the space is not sufficient.

A. Insured Details:

Policy Number:		Claim Number:
Period of Insurance:		
Name:		
Address:		
Contact Number:	Landline:-	Mobile:-
E-mail:		
Name of the Bank:		Saving / Current A/C No:
Total Sum Insured:		
Detail of other insurances: if any:		
Limits of Indemnity under the Policy:		

B. Particulars of the Incident:

1.	Date & Time of occurrence	
2.	Place of accident	
3.	When did you first come to know of the accident?	
4.	Who is directly responsible for injury/loss?	
5.	Give Details of Treatment	
6.	Who has made the claim on you? (If claim has been made in writing, attach a copy of the demand/legal notice received and of the bill, if any, submitted).	

7.	Name and Address of the Patient	
8.	Patient age and occupation. :	
9.	The date of first consultation:	
10.	His general Physical condition now :	
11.	Give full particulars of any other relevant aspects:	
12.	Amount claimed as damage from you:	
13.	Give the names and addresses of Person who witnessed the incident:	
14.	Has the incident been reported to IMC or any other authority? If so, state to whom and attach a copy of the report submitted:	
15.	What action, if any, has been taken by the authority?	
16.	Give particulars of other insurance if any, in respect of the same risk:	
17.	Has any claim been made upon you before? If yes, please give full details:	

I, undersigned confirm that the above given details are true & correct to the best of my/ our knowledge.

Place:

Date: Signature of Insured