

**CLAIM FORM  
CLINICAL TRIAL LIABILITY INSURANCE POLICY**

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

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later. This Claim Form is to be completed and signed by a Director, Partner or Principal of the Insured. Appointment of legal representatives should not occur without prior consent of Magma HDI General Insurance Co. Ltd.

Policy Number :

<b>A. INSURED</b>	
1. Full name of insured	:
2. Registered address of insured	:
State	:
3. Telephone Number	:
	Pin Code:

<b>B. DETAILS OF CLAIMANT</b>	
1. Full name of Claimant or potential claimant (i.e. party claiming against you)	:
2. Complete address of claimant	:
State	:
3. Telephone Number	:
	Pin Code:

<b>C. DETAILS OF INSURED'S CONTRACT</b>	<b>WITH CLAIMANT</b>
1. What were you retained or contracted to do (details of services)	:
2. Were your retainership / contract evidenced in writing? If so, please attach a copy, otherwise, please provide appropriate particulars	:
3. What work/services are performed on which the claim arises or may arise	:
4. When did you perform the work on which the claim arises or may arise	:
5. Name, designation work profile of the person within your company who performed the work or against whom the claim or potential claim is directed	:

**D. DETAILS OF CLAIM**

1. What is the precise nature of the claim (i.e. the claimant's allegations on the insured) or the circumstances which might give rise to a potential claim	:	
2. On which date did you first become aware of the claim or the circumstances leading to a claim. If received by you in writing, please provide a copy of the correspondence. If oral, please give a first person account of the conversation	:	
3. What amount is being claimed Please provide breakup, if available	:	
4. What are your comments in response to the claim and your opinion on the quantum of claim	:	
5. Are there any other details that you might wish to share with MHDIGI or which could be of interest so that We might have a better understanding of the circumstances leading to the claim. Please provide documents, if any.	:	
6. As of now, have you engaged any legal representative to act for you. If so, please provide name, firm, address and charge out rates	:	

**E. DECLARATION AND AUTHORIZATION**

The information and answers given above are true, correct and complete in every detail.

I/We understand that the claim may be refused if information is not true or is withheld.

**I/We authorize Magma HDI General Insurance Co. Ltd. to give to and obtain from other insurers, government bureaus or any other agency any information that they may deem fit to make a decision on indemnity during the course of this contract.**

Signature of the Insured

**Full Name of Person Signing** : \_\_\_\_\_  
**Designation of the Person Signing** : \_\_\_\_\_

Date :

Place: