

# **PUBLIC LIABILITY (INDUSTRIAL)**

 **MAGMA HDI**  
General Insurance Company Ltd.  
**CLAIM FORM**

## PUBLIC LIABILITY (INDUSTRIAL) CLAIM FORM

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

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

1.	(a) Name of Insured	_____
	(b) Address	_____ _____ _____
	(c) Period of the Policy	From ___/___/_____ to ___/___/_____
	(d) Limits of Indemnity under the Policy	_____
2.	Particulars	
	(a) Date of Occurrence	___/___/_____ Time ___:___ AM/PM
	(b) Place of accident	_____
	(c) When did you first come to know of the accident?	_____
	(d) When was the accident reported to you?	_____
	(e) When the claim was first notified to the Insurer?	_____
3.	Particulars of consequences of the accident	
	(a) Has any person/s sustained any injuries in the accident? If so,	
	i. Give name/s , address/es and occupation/s of such person/s.	_____ _____
	ii. State where such person/s was at the time of accident.	_____
	iii. Have the injured person/s been removed to hospital or medically attended? If so, give particulars.	_____ _____ _____
	(b) 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 the livestock and 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/s? 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)	_____ _____ _____ _____
	(d) Estimated amount of claim (INR) separately under (a), (b) & (c)	_____ _____
4.	(a) Give, if possible, the names and addresses of all witnesses to the accident	_____ _____
	(b) Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.	_____ _____ _____
	(c) What action, if any, has been taken by the authority?	_____ _____
	(d) Give particulars of any other insurance, if any, in respect of the same risk/liability.	_____ _____

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.

Date :  
Place :

Signature of Insured:  
Name: