



# **PUBLIC LIABILITY (ACT) INSURANCE**

General Insurance Company Ltd.

## **CLAIM FORM**

**PUBLIC LIABILITY (ACT) CLAIM FORM**

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.*

<b>A. The Insured</b>	
Name	
Address	
Tel No.	Office..... Mobile..... Email.....
<b>B. Policy Details</b>	Policy No. .... Period of Insurance..... to ..... Limits of Indemnity under the Policy _____
<b>C. Particulars</b>	(a) Date of Occurrence ___ / ___ / ___ Time ___ : ___ AM/PM  (b) Place of accident _____

<b>D. Particulars of consequences of the accident</b>	a). When did you first come to know of the accident? _____ _____
	b). When was the accident reported to you? _____ _____
	c). When the claim was first notified to the Insurer? _____
	d). 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. _____ _____ _____
e). 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. _____ _____ _____	
f). 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) _____ _____ _____	

	<p>g). Estimated amount of claim ,Give, if possible, the names and addresses of all witnesses to the accident</p> <hr/> <hr/> <hr/>
	<p>h). Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.</p> <hr/> <hr/> <hr/>
	<p>i). What action, if any, has been taken by the authority?</p> <hr/> <hr/> <hr/>
	<p>j). Give particulars of any other insurance, if any, in respect of the same risk/liability.</p> <hr/> <hr/> <hr/>



**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: \_\_\_\_\_

Date :

Company's stamp