

**ERRORS AND OMISSIONS INSURANCE POLICY
CLAIMS FORM**

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number

NOTE: PLEASE DO NOT TO ADMIT ANY LIABILITY IF ANY CLAIM OR NOTICE IS RECEIVED IN RESPECT OF THE PRODUCT LIABILITY.

INSURED DETAILS

1. Name of the Proposer (in full):

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2. Address of the Proposer:

State						Pin Code					
Tel No						Mobile No					
Email id											

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

2. Bank Details:

Bank Name											
Branch											
Type of A/c						A/c no					
Pan No											
IFSC Code						MICR code					

DETAILS OF ACCIDENT

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4. Date of occurrence:

5. Place of occurrence :

6. Who is directly responsible for the loss?

7. 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).

8. Please provide name and address of the claimant

State										Pin Code																													
Mobile										Landline No																													
Email id																																							

9. Please specify the Claimant's occupation?

10. Give full particulars of any other relevant aspect

11. Please provide the amount claimed as damage from you:

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12. Give the names and addresses of Person who witnessed the incident

13. Has the incident been reported to Police or any other authority? YES NO If YES, please state to whom and attach a copy of the report submitted.

14. What action, if any, has been taken by the authority?

15. Please give particulars of other insurance if any, in respect of the same risk

16. Please provide details of any claim been made upon you before

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.

Date: _____

Proposer Signature: _____