

PRODUCTS LAIBILITY INSURANCE CLAIM FORM

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

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				
Claim Number				

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

INSURED DETAILS

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Please	provide consequences of accident
a.	Has any person sustained any injuries in the accident? YES NO
	If YES,
	i) Give name/s, address/es and occupation/s of such person/s
	ii) State where such person was at the time of accident
	 iii) Have the injured persons been removed to hospital or medically attended? If YES, please give particulars
b.	Has the accident caused damage to property or livestock? YES NO
	If YES, please 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? YES NO
	If YES, please state by whom and give full particulars (If claim has been made in writing, attach a cop the notification received and of the bill, If submitted)
d.	Please specify estimated amount of claim separately under a., b. and c.
Please	provide probable cause of loss (Brief Description)
If poss	ible, please provide the names and addresses of all witnesses to the accident
a.	Has the accident been reported to any authority? \Box YES \Box NO
	If YES, please state to whom and attach a copy of the report submitted

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b.	What action, if any, has been taken by the authority?
c.	Give particulars of any other insurance, if any, in respect of the same risk
	s the type of action? (e.g. Claim only, Law suit) Please attach the copy of Notice of claim letter or legal that is received.
a.	Name of The Court:
b.	Case No.:
	Name of the Plaintiff:
d.	Notice Period:
e.	Date of Hearing:
f.	Amount Claimed:
If	this is a follow up report, then following details must be provided
g.	Date of Disposition
h.	Type of Disposition (e.g. settlement, judgment, dismissal, claim dropped, etc.)
i.	Amount of Disposition: INR
j.	Appeal: YES NO
	If Yes, them please specify by which party
	(Please attach a copy of court order or settlement agreement if applicable.)
DECLAR	ATIONS
above info	by declare that the details given above are true and correct to the best of my belief and knowledge. In event rmation or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. gree to provide additional information to the company, if required.
Date:	Proposer Signature:
SECTION	– 41 OF INSURANCE ACT 1938 - PROHIBITION OF REBATES
	ducts Liability Insurance UIN : dia Insurance Company Limited
Corporate & Registe Care Lines:- 1800-2	red Office:- 801 and 802, 8th Floor, Tower C, Embassy 24X7 Park, L.B.S. Marg, Vikhroli - West, Mumbai, Maharashtra - 400083 20-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in
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No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten lakh Rupees.

Insurance is the subject matter of solicitation