
8. When was claim first notified to the Insurer?

9. 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 copy of the notification received and of the bill, If submitted)

d. Please specify estimated amount of claim separately under a., b. and c.

10. Please provide probable cause of loss (Brief Description)

11. If possible, please provide the names and addresses of all witnesses to the accident

a. Has the accident been reported to any authority? YES NO

If YES, please state to whom and attach a copy of the report submitted

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

12. What is the type of action? (e.g. Claim only, Law suit) Please attach the copy of Notice of claim letter or legal notice that is received.

a. Name of The Court: _____

b. Case No.: _____

c. 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, then please specify by which party _____

(Please attach a copy of court order or settlement agreement if applicable.)

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: _____

SECTION – 41 OF INSURANCE ACT 1938 - PROHIBITION OF REBATES

Claim Form_ Products Liability Insurance

UIN :

Future Generali India Insurance Company Limited

Corporate & Registered Office:- 801 and 802, 8th Floor, Tower C, Embassy 24X7 Park, L.B.S. Marg, Vikhroli - West, Mumbai, Maharashtra - 400083

Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in

IRDA Regn. No. 132 , CIN - U66030MH2006PLC165287

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

Claim Form_ Products Liability Insurance

Future Generali India Insurance Company Limited

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