

**PUBLIC LIABILITY ACT INSURANCE
CLAIM FORM**

Policy No. _____

Claim No. _____

Please note that the issue of this claim form is not to be taken as an admission of liability

DETAILS OF INSURED	
1	Insured Name:
2	Address: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Telephone Contact City Pin </div> e-mail:
3	Limits of indemnity Under the Policy: AOA : _____ AOY: _____
DETAILS OF LOSS CONSEQUENT TO ACCIDENT	
1	Date, time & Place of occurrence
2	Brief description of accident
3.	When did you receive notice of accident, who has reported the accident? (attach statement, if any)
4	State through whose neglect it occurred, if any
5	State the names of persons who witnessed the accident (attach statement)
6	Is any third party Injured in the accident? If yes , Please give full particulars & estimated amount of claim (attach separate sheet if required) - please see notes
7	Please provide details of Claimants cost, Fees& expenses incurred in defending the claim if any?

8	Has accident resulted in Damage to third Party property? if yes, Please give full particulars & estimated amount of claim (attach separate sheet of required)	
9	Has any claim made by third party upon you? Please give details & Estimated amount of claim (attach Court notice and/or any other documents received by you)	
10	Has accident Reported to any authorities? Please give details (attach copy of report)	
11	Give details of Statute/Law under which in your opinion, liability may arise	
12	Please specify the extension, if the claim is made under such extension	

DETAIL OF OTHER INSURANCES	
Give details of other Insurance, if any, covering the present loss	
DETAILS OF PREVIOUS LOSSES	
Give details of previous Claims, if any, on the project	
Please provide any other document and/or details relevant to Claim:	

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 with company's seal

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees