



IFFCO-TOKIO General Insurance Company Limited

COMPREHENSIVE GENERAL LIABILITY INSURANCE

CLAIM FORM

	Co. Ltd.	Policy No.	
Address		Claim No.	

The issue of this form is not to be taken as an admission of liability.

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

1.	(a) Name of Insured																					
	(b) Address																					
	(c) Policy Number																					
	(d) Period of the Policy																					
	(e) Limits of Indemnity under the Policy																					

2.	Particulars of accident									
	(a) Date of occurrence	<u>DD/MM/YYYY</u>	Time		AM	PM				
	(b) Place of accident									
	(c) When did you first come to know of the accident?									
	(d) When was the accident reported to you?									
	(e) When was the claim first notified to the Insurer?									

3.	Particulars of consequences of the accident:	
	(a) Has any person 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/were at the time of accident.	
(iii) Have the injured persons been removed to hospital or medically attended? If so, give particulars.		

4.	(a) Give, if possible, the names and addresses of all witnesses to the accident.	
	(b) Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.	
	(c) What action, if any, has been taken by the authority?	
	(d) Give particulars of any other insurance, if any, in respect of the same risk.	

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, ordinary 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: DD/ MM/ YYYY

Place: