

CLAIM FORM

PRODUCT LIABILITY INSURANCE

- Kindly answer all questions completely inorder to help us to serve you better.
- Tick (☑) where applicable and attach supporting documents.
- The issue of this form does not imply admission of liability on the part of the Company.

SECTION 1 – POLICY & INSURED DETAILS

Name of Insured	
Policy Number	
Policy Period	From _____ To _____
Nature of Business	
Address	
Contact Person (Name / Phone / Email)	

SECTION 2 – PRODUCT DETAILS

Product Name	
Batch / Serial Number	
Date of Manufacture	
Date of Sale / Supply	

SECTION 3 – INCIDENT & ALLEGED DEFECT

Incident Description	
Alleged Defect / Cause	
Injury / Damage Caused	



Assurance

Covers You Right Through

Claim Amount Demanded	
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DOCUMENTS ATTACHED

☐ Claim Demand / Legal Notice ☐ Incident Report ☐ Medical Reports ☐ Invoices / Estimates ☐ Photos ☐ Police Report ☐ Other

DECLARATION

I / We declare that all the details provided are true and complete in every respect to the best of my / our knowledge.

Name	
Designation	
Signature	
Place	
Date	