



CLAIM FORM PUBLIC LIABILITY INSURANCE

- Kindly answer all questions completely in order 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 – INCIDENT DETAILS

Date & Time of Incident	
Location of Incident	
Witnesses (if any)	
Description of Incident	

SECTION 3 – THIRD PARTY DETAILS

Third Party Name	
Nature of Injury / Damage	<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage
Description of Injury / Damage	



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	