The Oriental Insurance Company Limited Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002 Issuing Office

PUBLIC LIABILITY/PRODUCT LIABILITY CLAIM FORM

Policy No. Claim No.....

(The issue of this form is not 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 he Company afterwards as soon as possible.

1	a)	Name of Insured	
	b)		
	c)	5	
	d)		
	e)	Limit of Indemnity under the Policy	
2	Particu	lars of accident	
	a)	Date of occurrence: Time: A.M./P.M.	
	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	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 was at the time of accident	
		iii) Have the injured persons been removed to hospital	
		or medically attended? If so, give particulars.	
	b)	Has the accident caused damage to property or	
	,	Livestock? If so, give name/s and address/es	
		of the owner/s of the property and or livestock	
		and full description of the property and state	
		the nature of and event of damage.	
	c)	Has any claim been made upon you by	
		any person? If so, state by whom and give	
		full particulars (claim should be made in writing;	
		attach a copy of the notification received and of	
		the bill if submitted).	
	d)	Estimated amount of claim separately under	
	u)	(a), (b) and (c).	
4	a)Give.	if possible, the names and address of all witnesses to the accident.	
-		the accident been reported to any authority? If so, state to whom,	
	attach a copy of the report submitted.		
	c) What action, if any, has been taken by the authority.		
		particulars of any other insurance, if any, in respect of the same risks.	

I /we the above named, do hereby, to the best of my 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.

Insured's Signature_____ Date_____