



**RAHEJA
QBE**

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Commerz, 10th Floor, International Business Park, Oberoi Garden City
Western Highway, Goregaon East, Mumbai 400 063, India
Tel: +91 22 42313888 Fax: +91 22 42313777 www.rahejaqbe.com

**INFORMATION AND COMMUNICATION LIABILITY INSURANCE
CLAIM FORM**

The issue of this form is not to be taken as an admission of liability or a waiver of any of the terms and conditions of the Policy.

Please complete and return this form to Raheja QBE at the earliest. Do not delay if any information required cannot be immediately given. The same can be forwarded to Raheja QBE later, as soon as possible. (If space is found insufficient, please attach separate sheet.)

Policy Number:

I. INSURED'S DETAILS

1. Policy Holder / Name:	
2. Address:	
City:	Pin Code:
3. Contact Person:	
4. Contact Number:	
5. Email ID:	
6. Period of Insurance: From	To
7. Limit of Liability:	

II. PARTICULARS OF CLAIM

1. Date of receiving notice of claim:
2. Brief description of the kind and history of the Occurrence:
3. When did you receive the notice of claim?
4. When was the claim first notified to Raheja QBE?



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III. DETAILS OF OTHER INSURANCES

Give details of other insurances, if any, covering the current loss.

IV. DETAILS OF PREVIOUS LOSSES

Give details of all previous claims under similar policy.

V. PLEASE GIVE ALL OTHER INFORMATION RELEVANT TO THIS CLAIM (Use additional sheets if space provided is insufficient.)

[Empty box for providing additional information relevant to the claim]

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and I/we agree that if I/we have made, or will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void.

Date :

Place :

Signature of the Claimant