GENERALI Central INSURANCE

ERRORS AND OMISSIONS INSURANCE POLICY
CLAIMS FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number | | | | | | | | |

NOTE: PLEASE DO NOT TO ADMIT ANY LIABILITY IF ANY CLAIM OR NOTICE IS RECEIVED IN RESPECT OF THE PRODUCT LIABILITY.

INSURED DETAILS

1. **Name of the Proposer (in full):**

2. **Address of the Proposer:**

State																	Pin code								
Mobile											Landline														
Email																									

*Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.

3. **Bank Details:**

Bank Name																								
Branch																								
Type of A/c						A/c no																		
Pan No																								
IFSC Code											MICR code													

DETAILS OF INCIDENT

4. **Date of occurrence:** _____

5. **Place of occurrence :** _____

6. **Who is directly responsible for the loss?**

_____

7. **Who has made the claim on you? (If claim has been made in writing, attach a copy of the demand/ legal notice received and of the bill, if any, submitted).**

_____

8. **Please provide name and address of the claimant**

State																**Pin code**							
Mobile										**Landline**														
Email																								

9. **Please specify the Claimant's occupation?**

_____

10. **Give full particulars of any other relevant aspect**

_____

11. **Please provide the amount claimed as damage from you:**_____

12. **Give the names and addresses of Person who witnessed the incident:**

_____

_____

13. **Has the incident been reported to Police or any other authority? ☐ YES ☐ NO**

If YES, please state to whom and attach a copy of the report submitted.

14. **What action, if any, has been taken by the authority?**

_____

15. **Please give particulars of other insurance if any, in respect of the same risk**

_____

16. **Please provide details of any claim been made upon you before**

_____

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.

Date: _____ **Proposer Signature:** _____