



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ADDRESS OF POLICY
ISSUING OFFICE

Claim No.: _____

Date of Issue: _____

ALL IN ONE HOME PROTECTOR POLICY

UIN: IRDAN106RP0064V01201819

SECTION 11A - PUBLIC AND PERSONAL LIABILITY CLAIM FORM

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 15 days, from the date of occurrence.

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1. (a) Name of Insured:
(b) Address:
(c) Policy Number:
(e) Sum Insured under the Section:

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2. Particulars 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?
(f) Name of the Insured Person liable to pay compensation to the third party
(g) Relationship with the Insured

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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/s was/were 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 extent of damage.

 - (c) Has any claim been made upon you by any person? If so, state by whom and give full particulars (if claim has been made in writing, attach a copy of the notification received and of the bill, if submitted).

 - (d) Has the insured incurred legal expenses in defending the claim?

 - (e) Is the Insured legally liable to pay Third party defense cost?

 - (f) Estimated amount of claim separately under (a), (b), (c), (d) and (e)
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- 4. (a) Give, if possible, the names and addresses of all witnesses to the accident.

- (b) Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.

- (c) What action, if any, has been taken by the authority?

- (d) Give particulars of any other insurance, if any, in respect of the same risk.

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

Name:

Signature:

Date: