

CARRIER LEGAL LIABILITY INSURANCE POLICY CLAIM FORM

Policy No
Period.....
Claim no.....

The issue of this form is not to 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 not be immediately given. They may be forwarded to the company afterwards as soon as possible.

1. Insured

(a) Name of the Insured _____

2. Insured Vehicle

- (a) Registration No.
- (b) Make and year of Built
- (c) Name of the owner
- (d) Whether Insured comprehensively under Motor Package Policy: _____
- (e) If insured with the Co. Other than Universal Sampo General Insurance Co. Ltd., give name and address of Insurance Co. & Policy No/ Place of Issue:

3. Description Of Cargo

- (e) Nature of goods carried :
- (f) Weight of goods carried :
- (g) Place of dispatch :
- (h) Place of destination :
- (i) Total No of cases and/or packages dispatched:
- (j) Full details of condition of case and / or packages taken delivery of :
- (k) Value of the goods :
- (l) Name of the Consigner/Consignee:

4. Details Of Accident.

- (a) Date and time :
- (b) Place :
- (c) Nature and cause of accident :
- (d) When was the accident reported to you :
- (e) If any third party was responsible for the accident, give name and address:

5.

- (a) No of packages damaged / destroyed
- (b) Quantum of loss :
- (c) Whether any claim has been made upon you by third party in respect of damage to goods carried:

(d) If so, state by whom and give full particulars (If claim has been made in writing attach a copy of notification received:

6.

- (a) Give 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
- (c) If not reported, rest thereof
- (d) What action, if any, has been taken by the authority?

7. Give particulars, of any other insurance if any, in respect of the same risk

Declaration

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at www.universalsampo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place: _____

Date: _____

Signature of Insured