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COMMERCIAL GENERAL LIABILITY POLICY- RETAIL CLAIM FORM

The issue of this form is not to be taken as an admission of liability.

Claim No. _____

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 the Company afterwards as soon as possible.

A. Details of the Insured	
Insured's Name	
Correspondence Address	
Contact Person	
Phone Number	
Email ID	
Policy Number	
Claims Made/Occurrence Form	
Do you have any other insurance policies covering in respect to the same incident? If yes, give details of insurer, policy no., etc.	
B. Particulars of the Accident	
Date and time of Occurrence	
Place of accident	
Describe the accident in detail i.e. how did it occur?	
When did you first come to know of the accident and from whom?	
Describe in detail your immediate actions taken upon receipt of the incident?	
State name and contractor involved in the incident (if any) and attach a copy of the contract agreement.	
Was police report made? If yes, please share details of the report and actions taken by the authority.	
When was the claim first notified to the Insurer?	
C. Resultant Injuries and Damages- The Injured Persons and Third-Party Property Damage	
Has any person/s sustained any injuries in the accident? If so, give name/s, address/es and occupation/s of such person/s.	
State where such person was at the time of accident	
Have the injured persons been removed to hospital or medically attended? If so, give particulars.	
Was the injured person in your direct employment? If no, please provide the below mentioned details: 1. His employer details. 2. What is the nature of his work? 3. Was he guilty of any insobriety, misconduct or disobedience to instructions or rules? 4. Nature and region of injury?	
Has the accident caused damage to property or livestock? If so, give name/s and	

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address/es of the owner/s of the property and/or the livestock and full description of the property and state the nature of and extent of damage.	
Has any claim been made upon you by any person/s? 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)	
Estimated amount of claim	
Give, if possible, the names, phone numbers and addresses of all witnesses to the accident	

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.universalsompo.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