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**ERRORS & OMISSIONS INSURANCE POLICY  
CLAIM FORM**

(Issue of this form is not to be taken as an admission of liability)

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later. This Claim Form is to be completed and signed by a Director, Partner or Principal of the Insured. Appointment of legal representatives should not occur without prior consent of Universal Sampo General Insurance Co. Ltd.

**Policy Number:**

<b>A. INSURED</b>	
1. Full name of insured :	
2. Registered address of insured :	
State :	Pin Code:
3. Telephone Number :	

<b>B. DETAILS OF CLAIMANT</b>	
1. Full name of Claimant or potential claimant (i.e. party claiming against you) :	
2. Complete address of claimant :	
State :	Pin Code:
3. Telephone Number :	

<b>C. DETAILS OF INSURED'S CONTRACT WITH CLAIMANT</b>	
1. What were you retained or contracted to do (details of services) :	
2. Were your retainership / contract evidenced in writing? If so, please attach a copy, otherwise, please provide appropriate particulars :	
3. What work/services are performed on which the claim arises or may arise :	
4. When did you perform the work on which the claim arises or may arise :	
5. Name, designation work profile of the person within your company who performed the work or against whom the claim or potential claim is directed :	

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<b>D. DETAILS OF CLAIM</b>	
1. What is the precise nature of the claim (i.e. the claimant's allegations on the insured) or the circumstances which might give rise to a potential claim :	
2. On which date did you first become aware of the claim or the circumstances leading to a claim. If received by you in writing, please provide a copy of the correspondence. If oral, please give a first person account of the conversation :	
3. What amount is being claimed : Please provide breakup, if available	
4. What are your comments in response to the claim and your opinion on the quantum of claim :	
5. Are there any other details that you might wish to share with USGIC or which could be of interest so that We might have a better understanding of the circumstances leading to the claim. Please provide documents, if any. :	
6. As of now, have you engaged any legal representative to act for you. If so, please provide name, firm, address and charge out rates :	

**E. DECLARATION AND AUTHORIZATION**

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](http://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.

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Signature of the Insured

Full Name of Person Signing : \_\_\_\_\_

Designation of the Person Signing : \_\_\_\_\_

Date :

Place: