

PUBLIC LIABILITY ACT INSURANCE POLICY (RETAIL)

CLAIM FORM

Risk Code _____ (For office use)

Claim No. _____

Intermediary code _____

Intermediary Name _____

- I. All questions must be answered fully and accurately. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.
- II. The issue or acceptance of this form is not to be construed as an admission of liability by USGI.
- III. Do not dispose of or destroy damaged property without consent of surveyor/USGI.
- IV. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
- V. 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 don't delay dispatch of this form and such particulars may be sent later.
- VI. The Insured should make no offer or admission of liability to Third Parties.
- VII. Any communications and/or information that the Insured receives regarding the accident or damage which is the subject matter of this claim should be sent to the Company immediately.

Insured Details	
Full Name	
Address of the dealership with contact Number and email (office)	
Mobile and email	

Policy Details	
Policy No	
Period of Insurance	From _____ (dd/mm/yyyy) _____ (am/pm) to _____ (dd/mm/yyyy) _____
Limit of Indemnity	AOA _____ AOY _____

Details of Accident	
Date and Time of accident	_____ (mm/dd/yyyy) _____ (am/pm)
Place of accident (exact premises/address)	
Where did the accident happen	
How did the accident occur (state clearly)	
When was the accident first reported to you	
When did you come to know of the accident	

Was the accident reported to Police or any other authority	
If Yes provide details and attach a copy of the report lodged	
What was the action taken by authority	
Details of witness	
Please provide name and address of all witnesses to the incident/accident	
Have you received any indication that a demand or claim will be made upon you for the incident or accident? (Yes/No)	
If yes, please provide details including who has raised the demand and attach documents indicating the demand made	
Damage caused to property livestock	
Name & Address of owner	
Description of property/Livestock	
Nature of damage	
Estimated cost of damage	
Injury to persons	
Has the accident resulted in death/injuries to any person? (Yes/No)	
If yes, provide name, address, age and occupation of person(s) injured	
Where was the above person(s) at the time of incident	
Whether injured taken to hospital or treated medically (Yes/No)	
If yes, provide details	
Provide details of other insurances, if any, covering the incident/damage or items/injuries	
Details of previous losses, if any	

Estimated claim, separately under E, F & G above

Bank Details (Required for electronic fund transfer)	
Name of account holder (as appeared in bank account)	
Bank Name and branch	
Account No	
Account Type	
MICR Code	
IFSC Code	

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.

Signature of insured _____

Date _____