

**PUBLIC LIABILITY INSURANCE POLICY (NON-INDUSTRIAL) - 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.

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

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

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

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

**Estimated claim, separately under E, F & G above**

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

### 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 id entity, 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.

Signature of insured \_\_\_\_\_

Date \_\_\_\_\_