

**TRANSPORT OPERATORS COMPREHENSIVE LIABILITY INSURANCE
CLAIM FORM**

Universal Sampo General Insurance Co. Ltd.

Address: _____

Policy No. _____

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 cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

1. (a) Name of Insured:

(b) Address:

(c) Policy Number:

(d) Period of the Policy:

(e) Limits of Indemnity under
the Policy:

2. Particulars of accident:

(a) Date of occurrence : _____ Time: _____ A.M./P.M.

(b) Place of accident:

(c) When did you first come to
know of the accident?

(d) When was the accident
reported to you?

(e) When was the claim first
notified to the Insurer?

3. Particulars of consequences
of the accident:

(a) Has any person sustained
any injuries in the
accident? If so,

(i) Give name/s, address/es and
occupation/s of such person/s.

(ii) State where such person/s was/were
at the time of accident.

(iii) Have the injured persons been
removed to hospital or medically
attended? If so, give particulars.

(b) Has the accident caused damage to
property ? If so, give name/s and address/es
of the owner/s of the property and full description of
the property and state the nature
of and extent of damage.

(c) Has any claim been made upon
you by any person? 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).

(d) Estimated amount of claim

This is an Internal document.
separately under (a), (b) and (c)

4. (a) Give, if possible, 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 submitted.
- (c) What action, if any, has been taken by the authority?
- (d) 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.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.

Insured's Signature _____

Date _____