RELIANCE
General Insurance

LIABILITY INSURANCE CLAIM FORM

THE 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.

Policy Number:

A. INSURED:

1.	Name:	
2.	Address:	
	City:	Pin Code:
3.	Telephone Number:	
4.	Period of Insurance:	From To
5.	Limits of Indemnity under the policy:	

B. PARTICULARS OF ACCIDENT:

1.	Date & Time of Occurrence	
2.	Place of accident	
3.	Brief description of the kind and history of the Occurrence	
4.	When did you first come to know of the accident?	
5.	When was the accident reported to you?	
6.	When was the claim first notified to the Insurer?	

C. PARTICULARS OF CONSEQUENCE OF THE ACCIDENT:

1.	Has any person sustained any injuries in the accident? If so,	☐ Yes ☐ No
	Give name(s) of such Person(s)	
	Address(es)	
	City	Pin Code:
	Occupation	
	State where such person(s) was/ were at the time of accident	
	Has/Have the injured person(s) been removed to hospital or medically attended?	☐ Yes ☐ No
	If so, give particulars	

2.	Has the accident caused damage to property or livestock?	☐ Yes ☐ No	
	If so, give name(s) and address(es) of the owner(s) of the property and / or livestock, and full description of the property, and state the nature and extent of damage		
3.	Has any claim been made upon you by any person?	☐ Yes ☐ No	
	If so, state by whom and give full particulars (attach a copy of the notification received and of the bill, if submitted)		
4.	Estimated amount of Claim separately under C 1, C 2 and C3		
5.	Give, if possible, the names of all witnesses to the accident	Name	Addresses
	City	Pin Code	
6.	Has the accident been reported to any authority?	☐ Yes ☐ No	
	If so, state to whom and attach a copy of the report submitted		
7.	What action, if any, has been taken by the authority?		
8.	Give details of Statute/Law under which in your opinion, liability may arise		

D. DETAILS OF OTHER INSURANCES		
	Give details of other Insurances, if any, covering the present loss	
E. DETAILS OF PREVIOUS LOSSES		
	Give details of Previous Claims, if any, on the same item	

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/we have made, or in further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited and the Policy shall be null and void.

Date :
Place :

Signature of the Insured