



**NEW INDIA  
ASSURANCE**

(Incorporated in India)

Registered Office: New India Assurance Building, 87 Mahatma Gandhi Road, Fort, Bombay 400023 (India)

**POLICY No.** \_\_\_\_\_

**CLAIM No.** \_\_\_\_\_

**PUBLIC LIABILITY CLAIM FORM**

**THE ISSUE OF THIS FORM IS NOT 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 afterward as soon as possible.

1. a) Name of Insured:  b) Address:	
2) Particulars of accident  a) Date of occurrence  b) Place of accident  c) When was the accident reported to you:  d) If the accident occurred on any steamer, state its name And that of its owner' and agents  e) Give full and detailed particulars of the nature and cause of the accident and attach copies of the statement made by The captain or other officer of the steamer, and your Employee/s on duty at the place.	Time: _____  A.M  P.M
3) Particulars of consequences of the accident: a) Has any person sustained any injuries in the accident? If so 1) Give name/s, address/s and occupation/s of such person/s  2) State where such person was at the time of accident.  3) Have the injured person being removed to hospital or medically attended? If so give particulars.	

<p>b) Has accident caused damaged to property or livestock? If so give name/s and address/es of the owner/s of the property and livestock and full detail of the property and state the nature of and extent of damage.</p>	
<p>C) Has any claim been made upon you by any person? If so, state by whom and give particulars (if claim ahs been made in writing, attach copy of the notification received and of the bill, if submitted).</p>	
<p>4. a) Give, if possible, the names and addresses of all witnesses to the accident</p> <p>b) Has the accident been reported to any authority? If so state to whom and attach a copy of the report submitted</p> <p>c) Give particulars of any other insurance, if any, in respect of same risk.</p>	

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 any further declarations the company may require in respect of the said accident, shall make any false fraudulent statements, or any suppression or concealment my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

*Witness signature* \_\_\_\_\_

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*Date* \_\_\_\_\_

*Insured Signature* \_\_\_\_\_

*Date* \_\_\_\_\_