

Claim Form No: _____

INDUSIND - COMPREHENSIVE GENERAL LIABILITY - CLAIM FORM

Issuance of this form does not imply acceptance of the liability

This form should be completed and returned to the company immediately

Policy Number		Claim Number	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms.	FIRST MIDDLE LAST
2. Customer ID		
3. Address of the Insured		
Plot No./Flat No.	Building Name	
Road	Area	
City	State	
Pin Code	Phone Number	
Mobile Number		
Email ID		
GSTN No.	PAN No.	

SECTION 2 - DETAILS OF THE LOSS OCCURED

3. Date & time of loss:	Date DD / MM / YYYY Time HH / MM AM / PM
Place	
4. Brief Description and history of Loss or Damages:	
5. Under which section do you want to lodge the claim?	
6. When did you first come to know the accident / event:	
7. Estimated amount of liability:	
8. Date of receipt of Legal notice (if any) :	
9. Estimated product recall expenses	

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Comprehensive General Liability. UIN No.: IRDAN103CP0019V01100001. IGI/MCOM/CO/ICGL/CF/Ver.1.0/090326.


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10. Details of person sustained any injuries in the accident.

Sr. No.	Name	Address & Contact Number	Occupation	Location at the time of incident

Has / have the injured person(s) been medically attended? ☐ Yes ☐ No

If yes, please give the details

11. Details of damage to property caused due to accident.

Sr. No.	Name of owner of the property	Address & Contact Number	Description of the property	Nature & Extent of the damage

Has any claim been made upon you by any person? ☐ Yes ☐ No

If yes, state by whom and please give the details

12. Give, if possible, the names of all witnesses to the accident (Use additional sheet if required)

Sr. No.	Name of the witness	Address	Contact Number	Email ID

13. Has the accident / incident been reported to any authority? ☐ Yes ☐ No

If yes, mention to whom and attach a copy of the report submitted

14. If you have received legal notice for slander / libel / violation of right of privacy /infringement of copyright, title, slogan, trademark, or trade name. Kindly provide the details along with date of legal notice along with estimated liability.


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15. Give the details of statute / law under which in your opinion, liability may arise

16. Any legal opinion taken or process is initiated till date?

17. Legal Expenses / investigation expenses incurred till date

18. Details of Previous similar losses & specify if legal notices being served earlier (if any):

19. Details of other insurances along with retroactive date (if any):

BANK DETAILS

Would you like to opt for NEFT payment?

☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

A/C Holder Name as in Bank Record

City

State

Account No

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured

REGISTERED & CORPORATE OFFICE ADDRESS

IRDAI Registration No. 103, IndusInd General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden Coty, Off. Western Express Highway, Goregaon (E), Mumbai - 400063. For assistance call **(022) 4890 3009 (Paid)**



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