

Claim Form No: _____

INDUSIND DIRECTORS & OFFICERS' LIABILITY POLICY - CLAIM FORM

TO BE FILLED IN BY THE INSURED

The issue of this form is not to be taken as an admission of liability

Please complete and return this form to IndusInd General Insurance Company Limited at the earliest. Do not delay if any information required cannot be immediately given. The same can be forwarded to IndusInd General Insurance Company Limited later, as soon as possible. (If space found insufficient please attach separate sheet).

Policy No.	
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I. INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Policy Holder / Name	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
2. Address: Surveyor Recommended			
3. Address:			
City	State		
Pin Code	Phone No.		
E-mail Id			
Period of Insurance	From DD / MM / YYYY To DD / MM / YYYY		
Limit of Liability			

II. PARTICULARS OF CLAIM

1. Date of receiving notice of claim?	DD / MM / YYYY
2. Brief description of the claim circumstances	
3. When did you receive the notice of claim?	
4. When was the claim first notified to IndusInd General?	

III. DETAILS OF OTHER INSURANCES

1. Give details of other insurances, if any, covering the current loss

IV. DETAILS OF PREVIOUS LOSSES

1. Give details of all previous claims under similar policy.

V. PLEASE GIVE ALL OTHER INFORMATION RELEVANT TO THIS CLAIM (Use additional sheets if space provided is insufficient.)

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and I/we agree that if I/we have made, or will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void.

Date: _____

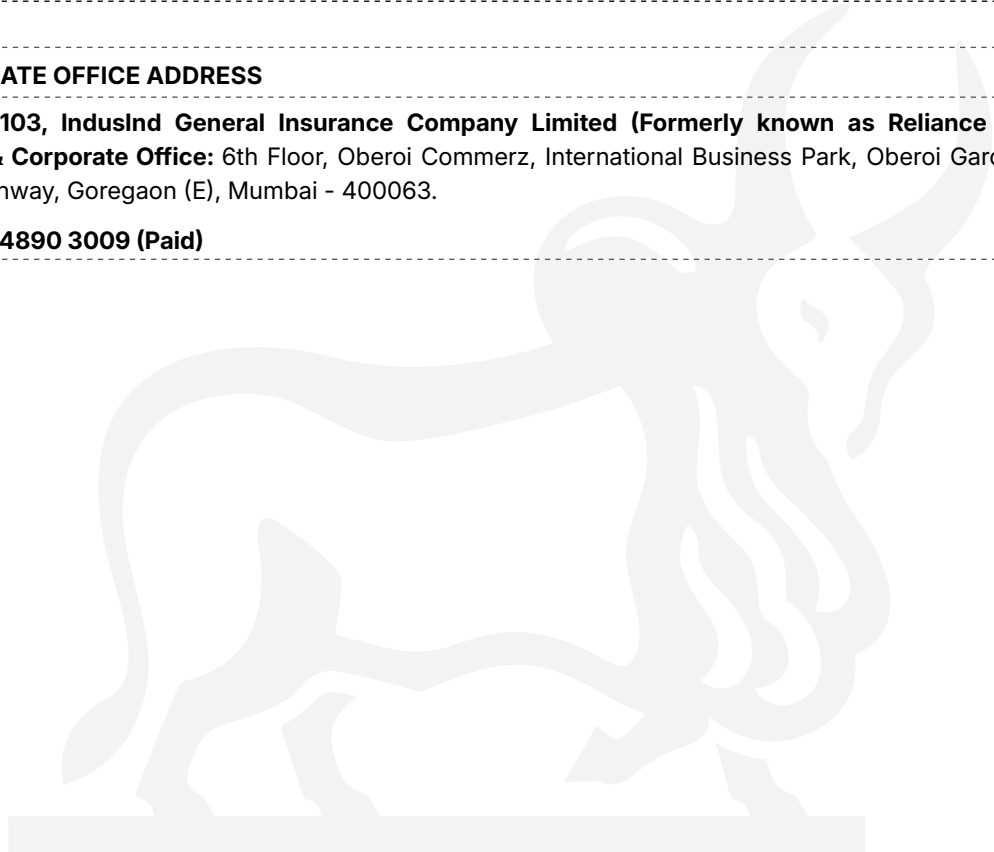
Place: _____

Signature of the Claimant

REGISTERED & CORPORATE OFFICE ADDRESS

IRDAI Registration No. 103, IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063.

For assistance call **(022) 4890 3009 (Paid)**



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

