

## Claim Form

### Business Package Insurance Policy

Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

Office Address:	Cover Note / Policy No : Period of Insurance : Date of Accident : Claim Number :
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**A. INSURED:**

1.	Name	:	
2.	Address	:	
	City	:	Pin Code:
3.	Contact Person	:	
	Contact Number	:	
4.	Period of Insurance	:	From                      To

**B. PARTICULARS OF ACCIDENT:**

1.	Date & Time of Occurrence	:	
2.	Brief description of the Occurrence	:	
3.	When did you first come to know of the accident?	:	
4.	When the claim was first notified to the Insurer?	:	
5.	Approximate value of loss	:	

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**Claim Form – Business Package Insurance**

**Liberty General Insurance Limited**, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0003V01201314

**Note:** Depending on the type of loss a separate questionnaire would be required to be filled in and submitted.

**C. GENERAL**

1.	Please give details of other Insurance's, if any, covering present loss	:	
2.	Please give details of Previous Claims, if any, on affected Section of the Policy	:	

**Declaration by Insured:**

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. 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. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.
- e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Place:

Date:

**Signature of the Insured**

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