

THIRD PARTY LIABILITY CLAIM FORM

POLICY NO.	
INSURED NAME	
PLACE OF ACCIDENT	
DATE & TIME OF ACCIDENT	
BODILY INJURY OR PROPERTY DAMAGE	
NAME OF THE INJURED PERSON	
DETAILS OF PROPERTY (IF PROPERTY DAMAGE)	
BRIEF DESCRIPTION OF INCIDENT	
EXTENT OF BODILY INJURY / PROPERTY DAMAGE	
CLAIM AMOUNT /APPROXIMATE LOSS ESTIMATE	
POLICE REPORT WHEREVER NECESSARY	
DETAILS / COPY OF CLAIM RECEIVED FROM THIRD PARTY IF ANY	

DATE :

STAMP/SIGNATURE OF THE INSURED