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## Office Package Insurance Policy (Retail)

### Section 10: Public Liability Claim Form

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by MHDH.*

#### A. The Insured

Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Contact name \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

#### B. Policy Details

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Limit of Indemnity \_\_\_\_\_

AOA \_\_\_\_\_ AOY \_\_\_\_\_

#### C. Details of Accident

Date of Accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of accident \_\_\_\_am/pm

Where did the accident happen \_\_\_\_\_

State clearly how the accident occurred \_\_\_\_\_

When was the accident first reported to you \_\_\_\_/\_\_\_\_/\_\_\_\_

When did you come to know of the accident \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the accident reported to Police or any other authority

Yes  No

If yes, please provide details & attach copy of the Report lodged

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Whether any action taken by such authority \_\_\_\_\_

**D. Witness Details**

Please provide name and address of all witnesses to the incident/accident

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**E.** Have you received any indication that a demand or claim will be made upon you for the incident or accident? Yes  No   
If yes, please provide details including who has raised the demand and attach documents indicating the demand made \_\_\_\_\_

**F. Damage caused to property/livestock**

Name of owner \_\_\_\_\_  
Address \_\_\_\_\_  
Description of property/Livestock \_\_\_\_\_

Nature of Damage \_\_\_\_\_  
Estimate cost of damage \_\_\_\_\_

**G. Injury to persons**

Has the accident resulted in death/injuries to any person? Yes  No   
If yes, provide name, address, age and occupation of person(s) injured

Where was the above person(s) at the time of incident \_\_\_\_\_  
Whether injured taken to hospital or treated medically? Yes  No   
If yes, provide details \_\_\_\_\_

**H. Estimated claim, separately under E, F & G above**

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**I. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage or items/injuries \_\_\_\_\_

**J. Details of previous losses, if any** \_\_\_\_\_

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## **K. Declaration**

I/we solemnly and sincerely declare:

1. That the information provided on this claim form and statement of claim is true in every respect
2. I/we understand that the claim may be refused if information is withheld, false, misleading or concealed
3. That there was no other insurance covering this loss current as on date of this incident
4. I/we acknowledge that this claim form is a legal document and as such may be used in any legal proceedings resulting from this claim.

Signature of insured \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_