

**Claim Form**

As soon as loss has become known, the company must be notified without any delay. If any detail or information is not readily available, please do not delay in dispatch of this form and such particulars may be sent later.

Policy No.:

A. Details of Insured:	
1. Name	
2. Address	
3. Telephone Number	
4. Period of Insurance	From: _____ To: _____
5. Contractual Liability Period	

B. Details of Occurrence:	
1. Date and Time of Occurrence/Incident	
2. Nature of Occurrence/Incident (Please mention full address)	
3. State in detail as to how the Occurrence/Incident occurred	
(If space is not sufficient, attach a separate sheet. Also attach an incident report containing the nature and cause of Occurrence/Incident along with reports of any Statutory/Local Authority)	
4. (a) Name of the Contracting Party(ies)	
(b) Complete Address	
(c) City	
(d) Pin Code	
5. Has a complaint been made to the Police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to 5 is 'Yes', FIR/Diary/ Crime No. and what reply has been received from the Police? (Attach copies of Police Complaint and reply received from the Police)	
6. Date on which Claim/Summons/ Legal Notice received from Claimant/ Court (Please attach copies)	
7. Copy of Contract giving rise to Occurrence	
8. Amount of Compensation Claimed	

**TATA AIG GENERAL INSURANCE COMPANY LIMITED**

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India  
 24\*7 Toll free No.: 1800 266 7780 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108  
 CIN: U85110MH2000PLC128425 • Contractual Liability Insurance - UIN: IRDAN108CPMS0003V01202425



WITH YOU ALWAYS

# Contractual Liability Insurance



<b>C. Contract Details:</b>	
1. Contract Type	
2. Contract Description	
3. Occurrence Description	

<b>D. Detail of Other Insurances:</b>	
Give details of other Insurance's, if any, covering the present loss	

<b>E. Details of Previous Losses:</b>	
Give details of previous losses, if any, under the Policy	

The company reserves the right to call for any other additional information as may be deemed necessary to establish the cause, admissibility and extent of loss.

I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

I/We authorize the company or any of its Authorized Representative to collect, as are relevant to verify the facts of the loss, information/documents.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Insured: \_\_\_\_\_

**Disclaimer:** Insurance is a subject matter of solicitation. For more details on benefits, terms and conditions, limitations, please read sales brochure/policy wordings carefully, available on [www.tataaig.com](http://www.tataaig.com) before concluding a sale. The trade logo displayed above belongs to TATA Sons Private Limited and AIG and is used by TATA AIG General Insurance Company Limited under License.

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