

## Liberty General Insurance Limited

### Claim Form

### Errors and Omissions Insurance

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

<b>1. Details of the Insured</b>	
(a) Name of Insured & Address	
(b) Contact Person	
(c) Phone No.	
(d) Email ID	
(e) Policy Number	
(f) Period of the Policy	
(g) Limits of Indemnity under the Policy	
(h) Do you have any other insurance policies covering the same incident? If yes, give details of insurer, policy no., etc.	
<b>2. Details of Claimant</b>	
a) Full Name of claimant ( Party claiming against you) and your business relationship	
b) Complete Address	
c) Contact No.	
<b>3. Contract with the Claimant</b>	
a) Details of service or work performed where the claim is made ( attach copy of contract)	
b) Date or period when work was performed on which claim is made	
c) Name & Designation of person in your organization against whom claim is made	
<b>4.. Particulars of Claim</b>	

Errors and Omissions Insurance - Claim form

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: IRDAN150P0004V01201415

a) Date & Time of Occurrence	
b) Place of occurrence	
c) Describe the events of the circumstance of the claim / allegation	
d) On which date you first become aware of the circumstances leading to a claim	
e) On what date the claim or the intimation of a claim first made to you? (Please provide copy of correspondence)	
f) What is the estimated amount of the claim & breakup	
g) What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any,	
h) Have the Legal proceedings commenced? Please attach copies of relevant documents such as but not limited to the summons /Claim or demand letters / along with replies made thereto / statement of defense made.	
i) Whether any Defense Counsel appointed? If so, what is the lawyers name, firm, address, contact nos. and charge rates? (Please provide a copy of the agreement that you entered with the solicitor)	
j) Whether any internal investigations / police / regulatory authorities' enquiries conducted? - If yes, please provide copies of relevant reports of enquiries along with correspondence exchanged	
k) Any other details, which are important and you wish to share?	

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l) Has this Claim been reported under any other policy?	
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**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.

Insured's Name and Signature

Date:

Place: