

Liberty General Insurance Limited

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150
Unit 1501&1502, 15th Floor, Tower 2, One International Center
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
Website: www.libertyinsurance.in
UIN: IRDAN150CPLB0032V01202627



LIBERTY CONTAMINATED PRODUCTS INSURANCE

CLAIM FORM

About this claim form

- Please remember that under no circumstances should you:
 - admit any liability
 - make any offer of settlement
 - enter into any correspondence in connection with your claim without prior consent from Liberty General Insurance Ltd
 - Enter into any agreement with other parties to waive, release or abandon any right of recourse or recovery against such parties
 -
- If defence costs are included as a covered loss, appointment of legal representation should not be initiated without the prior consent of Liberty.
- Liberty has the right to refuse to pay a claim or cancel your insurance if you submit a fraudulent claim.

POLICY HOLDER

Insured Name

Policy Number

Address

—

Email

—

Telephone

INCIDENT DETAILS

Please provide the date that the issue was first discovered:

—

Who first discovered the issue?

Provide a brief description of the product and the circumstances of the incident:

Who is the manufacturer of the product?

In which country is the product manufactured?

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What is your involvement with the product (e.g. wholesaler, retailer, manufacturer)?

When was the incident first discovered?

Has the source or cause of the incident been identified?
 If yes, what was the source or cause?

Yes No

What steps have been taken to verify the nature of the incident and by who? _____

What is the effect of the incident discovered? (e.g. potential allergen, foreign body contamination, fire or choking hazard)

Has the product been: Recalled Yes No Withdrawn? Yes No
 What would be the consequences of using or consuming the product to the end user?

Please provide a broad description of the various costs incurred or expected to be incurred due to the incident:

Description	INR
Total	0.00

Was the incident been caused or contributed to by inaction or actions of other parties? Yes No If yes, please provide those parties' details and describe how they caused/contributed to the incident:

Do you have contractual arrangement with other parties? Yes No
 If yes, please state the contractual arrangements in place:

Have these third parties been notified of the incident? Yes No

BANK DETAILS	
Instrument Type	Cheque <input type="checkbox"/> NEFT <input type="checkbox"/>
Enclose Canel Cheque/ Banker's	
Name of the Account holder	
Bank Name	
Bank Account No:	
Branch:	
IFSC Code:	

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**Declaration**

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my id entity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at <https://www.libertyinsurance.in> and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that 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. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured/ Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date:

Signature of the insured/operator