

CONTRACTUAL LIABILITY INSURANCE POLICY CLAIM FORM

Important Notice: Submission of this Claim Form does not constitute admission of liability or confirmation of coverage. Coverage is subject to the applicable Policy, Policy Schedule, Contract, Endorsements, Conditions, Exclusions, Deductible, Limit of Indemnity, and Aggregate Limit. Claims must arise from a specified Occurrence under an approved written Contract resulting in direct Financial Loss.

SECTION A – POLICY DETAILS

Particulars	Details
Policy Number	_____
Claim Number – Office Use	_____
Policy Period	From: ____ / ____ / ____ To: ____ / ____ / ____
Insured Name	_____
Registered Address	_____
Contact Person / Designation	_____
Mobile Number / Email	_____

SECTION B – CONTRACT DETAILS

Particulars	Details
Contract Number	_____
Contract Title / Program Name	_____
Contracting Party Name	_____
Contract Effective Date / Expiry Date	____ / ____ / ____ / ____ / ____ / ____

Product Category – Tick One: ☐ Financial Protection ☐ Legal & Contractual ☐ Travel ☐ Hotel ☐ Health & Safety ☐ Mobility ☐ Rental Living ☐ E-Commerce & Delivery ☐ Education & Career ☐ Home Services ☐ Digital Life ☐ Hyperlocal / Weather ☐ Entertainment ☐ Fashion & Lifestyle ☐ Other: _____

SECTION C – OCCURRENCE DETAILS

Describe the Occurrence giving rise to the claim:

Date Details	Date
Date of Occurrence	____ / ____ / ____
Date of Discovery	____ / ____ / ____

Date Reported by Contracting Party	___ / ___ / ____
Date Claim First Notified to Insured	___ / ___ / ____

Where is the Occurrence described? ☐ Contract ☐ Policy Schedule ☐

Endorsement ☐ Other: _____

Supporting Evidence: ☐ System Logs ☐ Booking Records ☐ Transaction Records ☐

Vendor Reports ☐ Service Records ☐ Weather Data ☐ Customer

Communications ☐ Other: _____

SECTION D – FINANCIAL LOSS DETAILS

Describe the direct Financial Loss being claimed:

Particulars	Amount (INR)
Amount Claimed by Contracting Party	_____
Amount Admitted, if any, by Insured	_____
Amount Already Paid, if any	_____

Basis of Calculation: ☐ Contractual Benefit ☐ Contractual Compensation ☐ Refund

Obligation ☐ Service Guarantee ☐ Other: _____

Detailed Calculation: _____

SECTION E – CONTRACTING PARTY DETAILS

Particulars	Details
Name	_____
Address	_____
Contact Number	_____
Email Address	_____

SECTION F – CLAIM DOCUMENT CHECKLIST

Policy Documents: ☐ Policy Schedule ☐ Applicable Endorsements ☐ Policy Number Confirmation

Contract Documents: ☐ Executed Contract ☐ Contract Amendments ☐ Service Level

Agreement ☐ Purchase Order ☐ Work Order ☐ Relevant Correspondence

Financial Loss Documents: ☐ Invoices ☐ Payment Records ☐ Refund Records ☐

Bank Statements ☐ Customer Payment History

Occurrence Documents: ☐ Incident Report ☐ Service Logs ☐ Transaction Logs ☐

Vendor Confirmation ☐ Occurrence Evidence

MIS Documents: ☐ Contract Register Extract ☐ Customer Database Extract ☐

Fulfilment Records ☐ Trigger Logs ☐ Complaint Records ☐ Benefit Records

SECTION G – AGGREGATION AND SYSTEMIC EVENT REVIEW

Does this claim arise from a wider event affecting multiple customers? ☐ Yes ☐ No

Estimated number of affected customers: _____

Describe the event: _____

Event Type: ☐ System Outage ☐ Vendor Failure ☐ Travel Disruption ☐ Weather

Event ☐ Service Failure ☐ Logistics Failure ☐ Other: _____

SECTION H – RECOVERY INFORMATION

Is any third party potentially responsible? ☐ Yes ☐ No

Potential Recovery Source: ☐ Vendor ☐ Technology Provider ☐ Service Provider ☐

Contractor ☐ Logistics Partner ☐ Other: _____

Details: _____

SECTION I – LITIGATION / REGULATORY INFORMATION

Proceeding initiated? ☐ No ☐ Arbitration ☐ Mediation ☐ Consumer Forum ☐ Civil

Court ☐ Regulatory Complaint ☐ Ombudsman Complaint

Particulars	Details
Case Reference Number	_____
Filing Date	___ / ___ / ____
Next Hearing / Response Date	___ / ___ / ____

Attach, where applicable: ☐ Legal Notice ☐ Arbitration Notice ☐ Consumer

Complaint ☐ Court Documents ☐ Regulatory Communication

The existence of legal proceedings does not automatically imply coverage for legal expenses or defence costs. Coverage remains subject to the Policy and applicable endorsements.

SECTION J – FRAUD AND IRREGULARITY CHECK

☐ Contract existed before Occurrence ☐ Contract has not been backdated ☐ No post-loss amendment affecting claim ☐ Supporting documents are authentic ☐ No duplicate claim submitted ☐ No related-party conflict known ☐ No ongoing fraud investigation known

If any item cannot be confirmed, provide details:

SECTION K – BANK DETAILS FOR SETTLEMENT PURPOSES

Particulars	Details
Bank Name / Branch	_____ _____ / _____
Account Name	_____
Account Number	_____
IFSC Code	_____

Cancelled Cheque Attached	☐ Yes ☐ No
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SECTION L – INSURED’S DECLARATION

I/We declare that the information provided is true and complete; no material information has been withheld; the claim arises from a valid Contract and Occurrence; supporting documents are genuine; additional information will be provided upon request; and submission of this form does not constitute acceptance of liability or admission of coverage by Liberty General Insurance Limited.

Particulars	Details
Name of Authorized Signatory	_____
Designation	_____
Signature / Company Stamp	_____
Date / Place	___ / ___ / ____ / _____

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