

## Product Liability Insurance Claim Form

The issuing of this form is not to be taken as an admission of liability by the Insurer

Insured's name and address: \_\_\_\_\_  
 \_\_\_\_\_

Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Period of insurance: \_\_\_\_\_

An Answer is Required to Each of the Following Questions

1	Address of the premises or place where the loss/ damage occurred	
2	Date and time when the loss occurred/ discovered	
3	Full description of the product	
4	By whom was it discovered?	
5	To whom was complaint first made and by whom?	
6	Suspected cause of loss or damage	
7	Full particulars of how the loss or damage occurred	
8	Is personal injury sustained, if yes, please provide details	
9	Has any accident due to the same cause happened before? If so, give details	

WHERE APPROPRIATE PLEASE GIVE A SKETCH OF THE ACCIDENT AND ADD PHOTOS IF AVAILABLE

Estimated loss amount:

Date of Notification:

I/We declare that the answers given above and overleaf are true and correct and I/we have not withheld any material information which will directly or indirectly affect acceptance of this claim.

Signature and Chop of the Insured