THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd & Head Office: New India Assurance Building, 87, Mahatma Gandhi Road, Bombay - 400 001. UIN NO.IRDAN190P0080100001 PROFFESSIONAL INDEMNITY CLAIM FORM

CLAIM	No.	

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given, They may be forwarded to the Company afterwards as soon as possible (If space found insufficient please attach separate sheet).

		te sheet).				
1.	(a)	Name of Insured				
	(b)	Address				
	(c)	Qualification Registration No.				
	(d)	Policy Number				
	(e)	Period of Policy				
	(f)	Limits of Indemnity under the policy.				
2.	Particu	ulars of Incident :				
	(a)	Date of Occurrence :				
	(b)	Place of Occurrence :				
	(c)	Who is directly responsible for the injury/ loss?				
	(d)	Give details of treatment :				
3.	(a)	Who has made the claim on you? (If claim has been made in writing, attach a copy of the demand/legal notice received and of the bill, if any, submitted).				
	(b)	Name and Address of the Claimant.				
	(c)	His age and occupation.				
	(d)	When did he first consult.				
	(e)	General condition / status now.				
	(f)	Give full particulars of any other relevant aspect				

4.	Amount	claimed as damag	e from you	:				
5.	(a)	Give the names at Person who witne		:				
	(b)	has the incident b to any authority? If so, state to who A copy of the rep	em and attach	:				
	(c)	What action, if an by the authority?						
6.	Give particulars of other insurance if any, in respect of the same risk. :							
7.	Has any claim been made upon you before.							
	I/We the above named, do hereby, to the best of my/our knowledge a belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident shall make any false or fraudulent statement, or any suppression or concealment my/our claim shall be absolutely forfeited, and the Policy shall be null and void.							
	Witness	: Signature		I1	nsured's Signati	ire		
		Name		D	Pate			
		Address						
		Date						