



SURAKSHA AUR BHAROSA DONO

(A joint venture between of State Bank of India and Insurance Australia Group)

Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

CLAIM FORM – ERRORS AND OMISSION LIABILITY INSURANCE (E & O)

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

Policy Number _____ Period of Insurance _____ to _____

Claim Number _____

A. DETAILS OF INSURED/CLAIMANT:

Name of the Insured : _____
Address _____
City _____ State _____ Pin Code _____
Phone Number : _____ Mobile Number _____ Email ID _____
Trade or Business _____ Date of Last Premium Paid _____
Limits of Indemnity under the policy _____

B. DETAILS OF LOSS:

1. Date of alleged error omission: ____/____/20____ Date claim made: ____/____/20____

2. Details Of Claimant

Full name of the claimant or potential claimant (i.e. the party making the claim or potential claim upon the Insured).

Address of the claimant.

3. Details of Claim or Circumstance

What is the precise nature of the claim (i.e. the claimant's allegations) or the fact or circumstance that might give rise to a claim?

Have proceedings been commenced? If so, please attach a copy of the court documents.

On what date did you first become aware of the claim or of the fact or circumstance?

On what date was the claim or the intimation of a claim first made to you?

Was the first intimation of a claim oral or in writing? If in writing please attach a copy. If oral, please give a "first person" account of the conversation, (i.e. "I said", "He said").

What amount, if any, is claimed? If known, what does that amount comprise?

4. Details of Insured's Response

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

What are your comments on the quantum of the claim and what is your estimate of your Potential monetary liability, if any, to the claimant?

Have you appointed a solicitor or other lawyer to act for you? If so, what is the lawyers / solicitor name, Firm, address and charge out rates?

5. Provide copies of any correspondence you have received from the claimant

6. Provide copies of any correspondence received from a lawyer along with any court documentation

7. Advise where you were served with the litigation/court documents

8. Advise when you were served with the litigation/court documents

9. Name of the claimant's Lawyer and address

10. What actions you have taken to prevent a reoccurrence or similar claim?

WITNESS DETAILS	INFORMATION TO STATUTORY AUTHORITY
Were there any witnesses to the loss / accident? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes',	Has the loss been reported to an Authority <input type="checkbox"/> (Yes) <input type="checkbox"/> (No),
Name of Person/s _____	Name of Authority _____
Address _____	Authority Reference No. _____
_____	Contact Person/s _____
City _____	Address _____
State _____	_____
Pin Code _____	City _____ State _____
Phone Number _____	Pin Code _____
Mobile Number _____	Phone Number _____
Email ID _____	Mobile Number _____
	Email ID _____

C. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property? ☐ (Yes) ☐ (No), If 'No', specify _____

Nature of Interest _____

Person/s who has/have interest on property _____

Address _____

City _____ State _____ PinCode _____

Phone Number _____ MobileNumber _____ EmailID _____

D. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

E. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ (Yes) ☐ (No), If 'Yes', specify _____

Give the details of Statute/ Law under which in your opinion liability may arise : _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, 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, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place:

Date:

Insured's Signature with Company Seal
