



সেনা কল্যাণ ইন্সুরেন্স কোম্পানী লিমিটেড

SENA KALYAN INSURANCE COMPANY LIMITED

(A CONCERN OF SENA KALYAN SANGSTHA)

Corporate Office: SKS Tower (12th
Floor), 7 VIP Road, Mohakhali,
Dhaka-1206
PABX:+8802-9885604, 9885606
Fax: +88-02-9885631
E-mail: claimskicl@gmail.com
info@senakalyanicl.com
Web: www.senakalyanicl.com

Your Trusted Risk Manager

Public Liability Insurance Claim Form

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Full Name

Address

Occupation

Name any other interested party How interested

Address

Policy Number Due
Date

Is there any other Insurance in force which would cover this in whole or part Yes No

If Yes, please advise in the space provided.

Insurer's Name

Policy Details

Date of Loss/Damage/or Occurrence

Time

When was it reported to you (if applicable)?

Time

Place and /or premises where it occurred

Please state full details of how loss/damage/or accident occurred

Please describe nature of damage of injury

Name and address of injured person or owner of damaged property.

Name	Address	Phone No.

Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub contractor to you, or related to you? Yes No

If Yes, Please provide full details.

Has any claim been made against you? Yes No

If Yes, state full details and attach all communication received.

Did you admit liability in any way? Yes No

If Yes, provide full details.

Have you any other information of which you consider the company should be aware?

Responsibility/Witnesses

In your opinion was any other person (s) responsible for loss or damage Or cause of the Occurrence? If Yes, please give full details. Yes No

Full Name

Address

Phone Private Phone Fax No .
Reasons

Was there a witness or witnesses to this event? Yes No

If Yes, Please give full details.

Name of Witnesses

Witnesses Address

Phone Private Phone Fax No .

Insurance History

Have you ever previously sustained loss/damage or Yes No

Caused damage or injury to 3rd parties

If Yes, give details of such losses and amounts involved

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me /us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/We have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable or process my /our claim.

Date: _____

Signature: _____