

**CLINICAL TRIALS AND/OR HUMAN VOLUNTEERS STUDIES
INSURANCE POLICY
CLAIM FORM**

The issue of this form is not to be taken as an admission of liability

Please complete and return this form to Raheja QBE at the earliest. Do not delay if any information required cannot be immediately given. The same can be forwarded to Raheja QBE later, as soon as possible. (If space found insufficient please attach separate sheet).

Policy Number:

I. INSURED PERSONS' DETAILS:

1. Name: _____

2. Address: _____

City: _____ Pin Code: _____
3. Contact Person: _____
4. Contact Number: _____
5. Period of Insurance: From _____ To _____
6. Limit of Liability: _____

II. PARTICULARS OF CLAIM:

1. Date of receiving notice of claim : _____
2. Brief description of the claim circumstances: _____

3. When did you first become aware of the circumstances of the claim? _____

4. When was the claim first notified to Raheja QBE? _____

III. DETAILS OF OTHER INSURANCES

Give details of other insurances, if any, that may cover the current loss. _____

IV. DETAILS OF PREVIOUS LOSSES

Give details of all previous claims under the policy mentioned at III. above or a similar policy.

V. PLEASE GIVE ALL OTHER INFORMATION RELEVANT TO THIS CLAIM (Use additional sheets if space provided is insufficient.) _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth and completeness of the foregoing statements in every respect; and I/we agree that if I/we have made, or will make any false or fraudulent statement, or suppress or conceal any relevant fact or matter with regard to the claim, or if my/our claim is dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices whether by me/us or anyone acting on my/our behalf or with my/our knowledge, my/our claim shall be absolutely forfeited and the Policy shall be null and void.

Date :

Place :

Signature of the Insured Person