



Dhivehi Insurance Company Pvt. Ltd.
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Claim Form Public Liability Insurance

FOR OFFICE USE ONLY

Claim No.:

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. DETAILS OF INSURED

Policy No. :	
Name of Insured:	
ID No./Passport No./ Business Registration No.:	
Correspondence Address (in Block Letters):	
Postcode:	
Tel. No. (Mobile):	Email:
Nature of Business or Profession/ Occupation:	

B. DETAILS OF LOSS

Premises Leased? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have premises been altered since incident? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give details _____ _____	
Date of Incident/Accident (dd/mm/yy):	Time of Incident/Accident:
Date Reported (dd/mm/yy):	Location:
Purpose for which location was being used:	
Who was the incident reported to?	Employees <input type="checkbox"/> YES <input type="checkbox"/> NO
Describe the incident (including the cause and source of information)	

C. PROPERTY DAMAGED

Nature and extent of damage:	Estimated Cost:
Name of the owner of damaged property:	Phone No.
Address:	Postcode:

D. PERSONAL INJURY

Name of the person injured:	Phone No.:
Occupation:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Postcode:
Nature of Injury:	
Was treatment given at the scene of the Incident?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, by whom (if ambulance or doctor, give details)	
Address:	
	Postcode:
Was transport provided to hospital?	<input type="checkbox"/> YES <input type="checkbox"/> NO

E. Witnesses

Witnesses: Were there any witnesses to the event?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Witness	Phone No.
Address:	Postcode:
Where was the Witness?	

F. DECLARATION

I/We declare that the particulars given on this form are true and complete.

Signature of Insured: _____ Date: _____

(If a Limited Company, give status of signatory and affix company's rubber stamp)