



UNITED INDIA INSURANCE CO. LTD.

(Registered Office : 24, Whites Road, Chennai-600 014.)

BRANCH/DIVISIONAL OFFICE.....

CLAIM FORM FOR FIRE & ALLIED PERILS

Policy No.

Claim No.

INSURED

1. (a) Name
- (b) Address
- (c) Name of Mortgagee or other persons having interest in the property

2. DETAILS OF INSURANCE

Name of insurer	Policy No. (s)	Sum insured Rs.	Period From	To
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N.B. If Insurance is effected with other companies copies of such policies to be attached.

3. DETAILS OF LOSS

- (a) Time & Date of Fire / Loss
- (b) Cause of fire / Loss
- (c) Item of Policy affected
(give description)
- (d) Occupation of the premises at the time of Fire / Loss
- (e) Has the Fire / Loss been reported to Fire Brigade / Police?

4. Extent of Loss (as more particularly described in the statement overleaf)

I/We hereby declare that the statement made by us in the claim form are true to the best of our knowledge and belief and that I/we have not withheld any material information which has a bearing upon the claim.

Place :

Date :

Signature of the Claimant.

(The issue of this form does not constitute admission of liability.)

