



UNITED INDIA INSURANCE COMPANY LIMITED  
(Regd. & Head Office: 24 Whites Road, Chennai-600 014.

BOILER & PRESSURE PLANT CLAIM FORMS

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

If any detail or information not readily available please do not delay despatch of the form and such particulars may be sent later

Policy No. \_\_\_\_\_  
\_\_\_\_\_

Claim No.

A. INSURED

|  |                     |
|--|---------------------|
| Name   |                     |
| Address Line 1 _____                               | City _____          |
| _____ Pin Code _____                               |                     |
| Address line 2 _____                               | State _____         |
| Phone No. _____                                    | Mobile No. _____    |
| _____ E-Mail _____                                 |                     |
| Business/Occupation _____                          | Period of Insurance |
| FROM----// ----- // ----- TO ---- // ---- // ----- |                     |

B. Details of Loss:

Date of loss      ---- // ---- // -----  
----- AM//PM

Time -----

LOSS LOCATION

Address Line 1

\_\_\_\_\_

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Pin Code

\_\_\_\_\_

Phone No

\_\_\_\_\_

Mobile No.

\_\_\_\_\_

E Mail

\_\_\_\_\_

Describe cause of loss/Damage

\_\_\_\_\_

\_\_\_\_\_

Estimated Loss (Rs.)

\_\_\_\_\_

\_\_\_\_\_

WITNESS DETAILS

Is any witness available for accident/loss?  
YES            NO

If YES Specify

Name of the Witness

Address Line 1

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Pin Code

\_\_\_\_\_

Phone No.

\_\_\_\_\_

Mobile No.

\_\_\_\_\_

E Mail

\_\_\_\_\_

INFORMATION TO AUTHORITY

Have any authority been informed about      YES  
NO

Accident//loss? If , YES Specify

Name of Authority

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Authority reference no.

\_\_\_\_\_

Address Line 1

\_\_\_\_\_

\_\_\_\_\_

Address Line 2

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State

\_\_\_\_\_

Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No.

E Mail

\_\_\_\_\_

C. DETAILS OF OTHER INSURANCE:

Is the loss/damage covered under any other insurance if YES specify details and attach copy of policy  
YES                      NO

Name of the insurer

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Address Line 1

Address Line 2

City \_\_\_\_\_ State \_\_\_\_\_ Pin  
Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Policy No. \_\_\_\_\_

E Mail \_\_\_\_\_

Period of Insurance From ----- // ----- // -----

Amount of Insurance \_\_\_\_\_

D. DETAILS OF OTHER INTEREST:

Is the insured sole owner of the property , If NO Specify details

Nature of the insured Interest

Person/s who has Interest on Property

His nature of interest

Address Line 1

Address Line 2

City \_\_\_\_\_ State  
Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E Mail \_\_\_\_\_

E. DETAILS OF DAMAGED BOILER/PRESSURE PLANT:

Description and capacity of Boiler & Pressure Plant

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Manufactured by and Year of Make

---

Date of expiry of Manufacturers guarantee

Cost of replacement of the affected items by a new item of same description Rs.

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Whether the Plant covered under any Annual Maintenance Contract

YES NO

Name of Company \_\_\_\_\_

Address Line 1

Address Line 2

City

Pin Code

State

Phone No.

Has the Plant undergone any repairs for damages previously

YES NO

If YES Nature of repairs \_\_\_\_\_

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Date of Such Repairs

Will the damaged plant be repaired Departmentally

Outside Firm

( Please attach an estimate of repairs/replacements)

If by outside firm, Name of the firm

Address Line 1 \_\_\_\_\_ Address Line

---

City

Pin Code

State

Phone No.

Will any alterations/improvements be made to design/construction or material when repairs are carried out YES NO

F. DETAILS OF PREVIOUS LOSSES:

CLAIMS LODGED DURING THE PRECEDING 3 YEARS

| CLAIM YEAR | CLAIM DESCRIPTION | AMOUNT RS. |
|------------|-------------------|------------|
|------------|-------------------|------------|

G. DETAILS OF OTHER INFORMATION:

Do you wish to provide any other information

YES

NO

If YES Specify

The undersigned policy-holder declares to have answered the above questions conscientiously and truthfully and are liable and fully responsible for the correctness and completeness of his statement.

Place

Signature

Date

Name of Insured