

## UNITED INDIA INSURANCE COMPANY LIMITED

## REGD & HEAD OFFICE NO 24 WHITES ROAD CHENNAI - 600 014

## **JEWELLER'S BLOCK CLAIM FORM**

POLI	CY NO	_CLAIM NO	
1)	Name & Address of the Insured	l (In full)	:
2)	When were the diamonds at the the loss?	e time of :	
3)	For what purpose were they the	ere? :	
4)	When and where the missing d were last seen and by whom?	iamonds :	
5)	On what day and what hour an did you first discover the loss?	d how :	
6)	Give full particulars of the circular of the loss.	mstances :	
7)	At which police Station the loss been reported (Please attach a of give full details of the report	сору	
8)	Are you the sole Owner of the Diamonds? If not, state your extinterest and that of any other por persons, if any	kact	
9)	Is these any other Insurance of diamonds? It so, give full partic		
10)	Have you ever sustained any losame before	ess of the :	
11)	What was the value of each Dia	amonds?	:

12)W	hen were the diamonds purcha From whom (a copy of the Inv		
	Bill should be attached)	:	
13)	Any other Remarks	:	
			INSURED'S SIGNATURE
			DATE :