



**UNITED INDIA INSURANCE COMPANY LIMITED**  
Registered & Head Office, 24 - Whites Road, Chennai - 600 014.

**Motor OD Claim Form**

The issue of this form is not to be taken as Admission of Liability

Policy No.			
InsuredDetails:	Insured Name :		
	Insured Address:		
	Pin Code:	State:	
	Mobile:	E-Mail:	
	Aadhar No:	PAN No:	
Bank Account Details:	Account No:	Bank Name:	
	IFSC Code No:	Branch Name:	
Vehicle Details:	Registration No:	Make:	Model:
	Engine No.	Chassis No.	
Date & Place of Loss:	Date of Loss:	Time:	A.M. / P.M.
	Place of Accident / Theft:		
Driver details:	Driver Name:		
	Driving Licence No / Expiry Date:		
Accident Details : Provide brief description			
	No of Occupants carried:		
Workshop Details:	Name & Address of Workshop:		
	Workshop Mobile:	Email:	Estimate Amount: Rs.
Theft Claim:	Theft of Vehicle: Yes / No	Details :	
	Theft of Accessories: Yes / No	Details :	
FIR Details:	Accident/Theft reported to police: Yes/No	Name of Police Station:	
	Date of reporting to Police:	FIR/Crime diary number:	
Third Party Loss Details	Any Injury/Death to Driver: Yes/No	Details:	
	Any TP Injury/Death: Yes/No	Details:	
	Any Injury/Death to Occupant: Yes/No	Details:	
	Any TP Property Damage: Yes/No	Details:	
<b>DECLARATION BY THE INSURED</b>			
I/We the above named, do hereby, to the best of my / our knowledge and belief, warrant, the truth of the foregoing statement in every respect, and I / We agree that I / We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the policy shall be void and all rights to recover thereunderin respect of past or future accidents shall be forfeited.			
Date:			
Place:		Signature of Insured / Claimant	