



# UNITED INDIA INSURANCE COMPANY LIMITED

## INSURANCE OF BIO-GAS PLANT - CLAIM FORM

Policy No.

Claim No.

1.	a) Name b) Address  c) Name of Mortgages or other persons having an Interest in the property			
2.	<b>DETAILS OF INSURANCE</b>			
Name of Insurer	Policy No. (s).	Sum Insured Rs.	Period	
			From	To
N.B. If Insurance is effected with other Companies, copies of such Policies to be attached.				
3.	<b>DETAILS OF LOSS</b>			
	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 bearing upon the claim.

Place :

Date :

**Signature of the Claimant**

(The Issue of this form does not constitute admission of liability)

### BIO-GAS PLANT - CLAIM FORM DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

A Fire insurance policy being a contract of indemnity only, all claims must be based upon the actual value of the goods at the time of Fire, excluding any Profit whatsoever.

Item No. of Policy	Description of affected Property	Value at the time of Fire Rs.	Deduction for Value of Salvage Rs.	Net Amount Claimed Rs.