



UNITED INDIA INSURANCE COMPANY LIMITED

PEDAL CYCLE INSURANCE CLAIM FORM

POLICY NO.

CLAIM NO.

SECTION I (TO BE FILLED IN FOR ALL CLAIMS)						
1.	a) Insured's Name b) Address c) Age					
2.	a) Policy No. b) Period c) Issued at					
3.	Particulars of Accident:	Date	Time A.M./P.M.	Place	Whether reported to police Yes/ No.	
	a) Details Loss or damage to Pedal cycle.					
	b. Public Liability					
	c. Legal Proceedings expenses if any					

Declaration to be signed by the Insured/ Claimant or by the Assignee (in the event of Insured's death).

I/WE HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect. I / We agree that if / I / we have made, or if, shall make false or untrue statement, suppression or concealment, my/our right to compensation shall be forfeited.

I/WE ALSO HEREBY DECLARE that I am /we are accepting the amount in full discharge of your obligations under the policy to the Insured and / or his/her legal heirs and I/we will hold you indemnified in the event of any claim under this policy being made against you by any other person or persons.

Date:

Signature