



UNITED INDIA INSURANCE COMPANY LIMITED

RAJRAJESWARI MAHILA KALYAN CLAIM FORM

The issue of this form is not to be taken as an Admission of liability.

POLICY NO. _____ CLAIM NO. _____

SECTION I (TO BE FILLED IN FOR ALL CLAIMS)

1. (a) Insured's Name _____
(b) Address: _____

(C) Age: _____
(d) Marital status: _____
(e) Name of Husband (if married): _____
(f) Occupation of husband: _____
(g) His Age: _____
(h) If not married, name of the nominee: _____
(i) Age of the nominee: _____
(j) Relationship with Insured: _____
2. (a) Policy No. _____
(b) Period From _____ to _____
(c) Issued at _____
3. (a) Name of deceased/injured : _____
(b) Particulars of Accident: _____
(c) Date and time of Accident: _____
(d) Place of Accident: _____
(e) If removed to hospital, name of the hospital: _____
