



## UNITED INDIA INSURANCE COMPANY LIMITED

### HONEY BEE INSURANCE - CLAIM FORM

(The issue of this Form does not constitute admission of liability. Please return this Form duly completed within 14 days of the loss together with the relevant documents.)

Policy No.

Claim No.

1.	a) Name of insured: b) Address c) Business / Occupation d) Name of other persons having an Interest in the property			
2.	<b>DETAILS OF INSURANCE (including the policy / policies taken with our Company)</b>			
	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 PROPERTY INSURED :</b> Sl. No. Name of Beekeeper No/ of Frames and And Address Name of the Hive wood		Identification Sum Insured No. of the Hive Hive Bee Colony Rs.	Code and Bee Rs.
4.	<b>DETAILS OF LOSS / EVENT</b> a) Time & Date of Loss / Event b) Cause of Loss / Event c) Item of Policy effected (given description) d) Describe in detail the total event giving rise to the claim e) Has the event / loss been reported to Police in the case of theft or other Authorities? f) Was there any loss of production?			
5.	Extent of Loss (as more particularly described in the Statement overleaf)			

I/We hereby declare that the statements 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 Insured / Claimant**

## DETAILS OF CLAIM FOR PROPERTY / LOST / DESTROYED OR DAMAGED

(The insurance is based on the principle of indemnity only and subject to Policy terms and conditions and all claims must be based upon the actual value of the items insured at the time of event excluding any value addition whatsoever.)

Item Number of Policy	Description of Affected / Lost Property	Value at the time of event / lost Rs.	Deduction for value of salvage, wherever applicable Rs.	Net Amount Claimed Rs.