



UNITED INDIA INSURANCE CO. LTD.

REGD. & HEAD OFFICE, NO. 24, WHITES ROAD, CHENNAI – 600 014.

CIN: U93090TN1938GOI000108

COMMON INSURANCE CLAIM FORM

United Value Griha Raksha and United Value Udyam Suraksha Policies

1. Name and Address of Insured:

2. Please give following details pertaining to all the policies involved in fire accident:

Policy Number	Risk Covered	Location	Sum Insured	Estimated amount of Loss

3. Period of Insurance:

4. Date and Time of Loss:

5. Nature and Cause of Loss (Please describe the circumstances leading to the loss):

6. Give details of insurance with any other insurance company on the risk involved in fire/accident:

7. If insured is not sole owner, the nature of his/their interest in the property and details of
COMMON CLAIM FORM FOR UNITED INDIA INSURANCE CO. LTD.



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other interests:

8. Whether loss intimated to:

8.1. Police

8.2. Fire Brigade

9. Was any claim reported in the past on the same property during current policy period.:

10. If so, give details regarding:

10.1. Cause

10.2. Date of incident

10.3. Claim

10.4. Policy Issuing Office

10.5. Amount of claim paid/Outstanding Rs.

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge.

PLACE:

DATE:

Signature of Insured