United India Insurance Company Limited
Corporate Identity Number: U93090TN1938GOI000108
Registered Office: 24 Whites Road, Chennai – 600014
IRDAI REG NO.545

UNICARE INSURANCE CLAIM FORM

"Please note that, issuance of claim form does not imply acceptance of Liability"

Please provide details as required:

1. Name of Insured	
2. Telephone/ Mobile No.	
3. Email Id:	
4. Aadhaar/PAN/Passport/DL/Voter ID No.	
5. Address of Insured Property	
6. Please give details of Policy under which the claim is to be reported	
a) Policy No:	
b) Policy Period:	From: DD/MM/YYYY To: DD/MM/YYYY
c) Sum Insured:	Rs.

7. Date and Time of Loss	DD/MM/YYYY @ 00.00 Hrs
8. Estimated Amount of Loss	Rs.

9. Under Which Plan & Section has the loss occurred (Tick the right Plan & Section)

Plan A ☐

Plan B ☐

Plan C ☐

Plan D ☐

Plan E ☐

Section					
I	II	III	IV	V	VI

10. Nature and Cause of Loss (Please describe the circumstances leading to the loss and attach some photographs)	
11. Details of General Contents/Jewellery & Valuables Lost &/or Damaged	
12. Details about damage to Building and amount of Loss	
13. Photographs of Loss or physical damage submitted	

14. Whether Loss intimated to (tick against the box)	Police ____	Fire Brigade ___	Other ____
Details of report made (Enclose the copy with the Claim Form)			
15. Was any other claim reported under Section 3 or Section 4 of the Policy or under any sections during the policy period? If yes, give details regarding: a) Cause b) Date of Incident c) Claim No d) No. of Claims Preferred: e) Amount of Claim paid/outstanding			
16. If the Insured is not the sole owner, the nature of his/their Interest in the property and details of other Interests			
17. Total Amount Claimed *(sum of above, supported by document)*			

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

Place:
Date: **Signature of the Insured/Legal Representative**