



FORM No. 6 - CLAIMS SCHEDULE
Name of the Insurer: UNITED INDIA INSURANCE COMPANY LIMITED
Registration No. LR and Date of Registration: MHD 100 17/09 2016

Table with 28 columns: Particulars, FIVE, Motor Cargo, Motor Bus, Total Marine, Motor CO, Motor TP, Total Marine, Health, Personal Accident, Travel Insurance, Total Health, Health's (Contingent), Public/ Product Liability, Engineering, Aviation, Crop Insurance, Other segments **, Other Miscellaneous, Total Miscellaneous, Grand Total, Grand Total. Rows include Motor TP, Motor Bus, Motor Cargo, Motor CO, Motor TP, Health, Personal Accident, Travel Insurance, Total Health, Health's (Contingent), Public/ Product Liability, Engineering, Aviation, Crop Insurance, Other segments **, Other Miscellaneous, Total Miscellaneous, Grand Total, Grand Total.

Note:
1) Amount for Not Reported (NR), included but not amount reported (NR); items should be included in the amount for underlying claims.
2) Claims include death, disability, settlement and for the expenses of investigation.
3) The amount for Not Reported (NR) is included but not amount reported (NR); items should be included in the amount for underlying claims.
4) Claims not stated as separate for various segments, but there is a sufficient analysis of the segments.
5) Segments disclosed to be liable for re-insurance/segment which contribute more than 10 percent of the total gross direct premium.

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