



UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

JEWELLER'S BLOCK CLAIM FORM

POLICY NO. _____ CLAIM NO. _____

- 1) Name & Address of the Insured (In full) :
- 2) When were the diamonds at the time of the loss? :
- 3) For what purpose were they there? :
- 4) When and where the missing diamonds were last seen and by whom? :
OF JULIE DIAMOND ON 3.12.1992.
- 5) On what day and what hour and how did you first discover the loss? :
- 6) Give full particulars of the circumstances of the loss. :
- 7) At which police Station the loss has been reported (Please attach a copy of give full details of the report made) :
- 8) Are you the sole Owner of the lost Diamonds? If not, state your exact Interest and that of any other person or persons, if any :
- 9) Is these any other Insurance on the diamonds? It so, give full particulars :
- 10) Have you ever sustained any loss of the same before :
- 11) What was the value of each Diamonds? :
- 12) When were the diamonds purchased and From whom (a copy of the Invoice Bill should be attached) :
- 13) Any other Remarks :

INSURED'S SIGNATURE

DATE : _____

