

UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

"ALL RISKS" CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY QUESTIONS TO BE ANSWERED BY THE CLAIMANT POLICY NO. CLAIM NO.

- 1. Name of Insured (in full)
- 2. Address

3. Occupation

4.	When & where did you last see the missing	
	property	
5.	On what day and at what hour did you first	
	discover the loss or damages ?	
6.	State (full particulars must be given) the	
	circumstances of the loss or damage	
7.	If claim is in respect of jewellery, when was	
	the property last overhauled by a jeweler?	
	Give name & address of firm	
8.	Have you informed the Police Authorities? If	
	so, when and where?	
9.	Are you the sole owner of the property	
	damaged or stolen?	
10	Are there any other insurance upon the same	
•	property? If so, give full particulars.	
11	Have you ever before sustained loss of the	
•	same nature? If so, give particulars.	

I/We the above named do declare and set forth that at or about_________o¢clock on the ________, the articles enumerated overleaf, and more particularly described in the list lodged with the Company, were______ and I/We do further declare that no other person than myself / ourselves has/have an interest in the said property by Bill of Sale, or as Owner, Mortgage Trustee, or otherwise, and that there is no further insurance except as above mentioned, in this Company or any other company, whereof we claim the sum of Rs.______.

Witness my / our hand this_____ day of _____ 200 ____.

Signature of Insured_____

Witness (Sign.) Name Address

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FULL DESCRIP TION OF STOLEN ARTICLE		HASE OR PRES	PAID	DEDUCTIO N FOR AGE, USE AND/OR WEAR & TEAR	SUM CLAIMED FOR PRESENT VALUE	ITEM NO. IN THE LIST ATTACH ED TO THE POLICY	REMA RKS			

Signature of Insured_____