दुनारेंड ग्रीडल United India

UNITED INDIA INSURANCE COMPANY LIMITED

Registered & Head Office, 24 - Whites Road, Chennai - 600 014.

MOTOR CLAIM FORM - TWO WHEELER / PRIVATE CAR

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

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Instructions for filling the for (a) Complete all relevant details	m: fully. (b) Where boxes are provi	ded enter one lette	r per box.(c) Who	ere check boxe	s are provided in	idicate selection	using a tic	:k mark.	
CLAIM NUMBER (For official use only)									
POLICY NUMBER									
INSURED NAME		1		I.				1 1	II.
INSURED ADDRESS	Pincode STD Code E-Mail		-	Mobile					
VEHICLE DETAILS	Registration Number Chassis Number		-					-	
	Make Hypothecation Details					Model			
DATE & PLACE OF LOSS	Date of loss Place of Accident / Theft	D /	M M	/ У	YY	Y Time	Н	H : M	M a.m. / p.m.
DRIVER DETAILS	Driver Name Driver Address								
	Driving Licence Number Licence Expiry Date Was driver under influnence			M / Yes	Y Y No		driverinjur		No
ACCIDENT DETAILS	Provide brief description of Two Wheeler (Additional Info) Private Car / Two Wheeler	Pillion rio	der carried		Yes	Provide a rough sk	etch of accid	dent location):	
WORKSHOP DETAILS	Address of Workshop Workshop Contact Workshop Mobile Workshop Fax			We	Estimated Loss orkshop Phone orkshop E-mail				
THEFT DETAILS	Theft of vehicle Theft of accessories (If accessories stolen provide detail as below in a separate sheet) Accessory Name Make & Brand Serial Number Accessory Insured Accessory IDV Yes / No Rs.								
FIR DETAILS (Applicable for theft, fire, loss of personal efects& third party lossonly)	Accident / Theft reported to po Date of reporting to police Name of police station FIR / Crime diary number	D	Yes/	No If No	provide reasons / Y	YYY	Y		
THIRD PARTY LOSS DETAILS	Third party involved Third party loss type Driver Injured	Yes Death Yes	No Injury		(If "Yes", pro rty Damage ants Injured	ovide additional	informatio	on) No	·
	Details of Third party loss (Attach separate sheet)	Name	Age Loss type	Address	Treatment Undergone	Hospital Details		Third Party Vehicle Number (If applicable)	Remarks
	Witness Details Nam		ne	Addres				Phone	Phone
ADD ON COVERS (If applicable)	Courtesy car facility availed (Private Car Only) Medical expenses required (Private Car Only) Ves No Likely expenses Loss of personal effects (Private Car Only) Rs. (List items lost with value as a separate sheet. FIR MANDATORY) Account number								
INSURED BANK DETAILS	Account number Bank Name IFSC Code Number					Branch Na	me _		
		DE	CLARATION	BY INSLIDE	.D				
further declaration the compan	eby, to the best of my / our know y may require in respect of the sa t of past or future accidents shal	ledge and belief, wa	arrant, the truth	of the foregoir	ig statement in e				
Date:	,								
Place:							Signature	of Insured / Claima	nt