



UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

Householder's Insurance Claim Form

1. Name and Address of Insured :
2. Please give following details pertaining to all the Policies involved in fire accident :

Policy Number	Risk Covered			Location Insured amount of loss	Sum	Estimated
	Rs.	Rs.	Rs.			
(i)						
(ii)						
(iii)						

3. Period of Insurance
4. Date and Time of Loss
5. Nature and Cause of Loss (Please describe the circumstances leading to the loss)
6. Give details of Insurance with any other insurance Company on the risk involved in fire/accident
7. If insured is not sole owner, the nature of his/their Interest in the property and details of other interests
8. Whether Loss intimated to
 - i) Police
 - ii) Fire Brigade

9. (i) Was any claim reported in the past on the same property during current policy period
- ii) If so, give details reg :
- a) Cause
 - b) Date of incident
 - c) Claim Number
 - d) Policy Issuing Office
 - e) Amount of claim paid / Outstanding Rs.

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

PLACE-

DATE-