



UNITED INDIA INSURANCE COMPANY LIMITED
(Regd. & Head Office: 24 Whites Road, Chennai-600 014.)

INDUSTRIAL ALL RISKS POLICY

CLAIM FORM

POLICY NO.

CLAIM NO.

1. (a) Name

(b) Address for correspondence

(c) Name of Mortgagee or other persons
having interest in the property

(d) Location of the loss

2.

DETAILS OF INSURANCE

Name of Insurer	Policy No.(s)	Sum Insured Rs.	From	Period	To
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N.B: If insurance is effected with other companies copies of each such policies to be attached

3. DETAILS OF LOSS

4.

(a) Time and date of Fire/loss

(b) Cause of fire/loss

(c) Item of policy affected
(give description)

(d) Occupation of the premises
at the time of fire/loss

(e) Has the fire/ loss been reported
to fire brigade

(f) Has the fire/ loss been reported to police

4. Extent of loss (Give full details)

The undersigned policy-holder declares to have answered the above questions conscientiously and truthfully and are liable and fully responsible for the correctness and completeness of his statement.

Place:

Date:

(The issue of this form does not constitute admission of liability)

Signature