

UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE NO 24 WHITES ROAD CHENNAI - 600 014

JEWELLER'S BLOCK CLAIM FORM

POLICY NO		_CLAIM NO	
1)	Name & Address of the Insured	(In full)	:
2)	When were the diamonds at the the loss?	time of :	
3)	For what purpose were they the	re? :	
4)	When and where the missing dia were last seen and by whom?	amonds :	
5)	On what day and what hour and did you first discover the loss?		
6)	Give full particulars of the circum of the loss.	nstances :	
7)	At which police Station the loss been reported (Please attach a of give full details of the report in	сору	
8)	Are you the sole Owner of the lo Diamonds? If not, state your exa Interest and that of any other po or persons, if any	act	
9)	Is these any other Insurance on diamonds? It so, give full particular		
10)	Have you ever sustained any los same before	ss of the :	
11)	What was the value of each Diar	monds?	:

12)W	hen were the diamonds purchas From whom (a copy of the Inv Bill should be attached)			
13)	Any other Remarks	:		
			INSURED'S	S SIGNATURE
			DATE :_	