



**UNITED INDIA INSURANCE COMPANY LIMITED**

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

Form No.

**MOTOR CLAIM FORM - TWO WHEELER / PRIVATE CAR**

Page 1 of 1

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

Instructions for filling the form:

(a) Complete all relevant details fully. (b) Where boxes are provided enter one letter per box.(c) Where check boxes are provided indicate selection using a tick mark.

CLAIM NUMBER (For official use only)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

POLICY NUMBER	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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INSURED NAME	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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INSURED ADDRESS																		
	Pincode	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Mobile	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]														
	STD Code	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Landline	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]														
	E-Mail	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	@	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]														

VEHICLE DETAILS	Registration Number	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]																
	Chassis Number	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]																
	Engine Number	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]																
	Make	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Model	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]														
	Hypothecation Details																	

DATE & PLACE OF LOSS	Date of loss	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Time	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	a.m. / p.m.	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]												
	Place of Accident / Theft																	

DRIVER DETAILS	Driver Name																		
	Driver Address																		
	Driving Licence Number																		
	Licence Expiry Date	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Issuing RTA	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]															
	Was driver under influence of drugs / intoxicants	Yes	[ ]	No	[ ]	Was driver injured	Yes	[ ]	No	[ ]									

ACCIDENT DETAILS	<b>Provide brief description of accident / theft / occurrence. (Attach separate sheet if required) (Provide a rough sketch of accident location):</b>																	
	Two Wheeler (Additional Info)		Pillion rider carried	[ ]	Yes	[ ]	No	[ ]										
	Private Car / Two Wheeler		No. of Occupants carried	[ ]	[ ]													

WORKSHOP DETAILS	Address of Workshop																	
	Workshop Contact	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Estimated Loss	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]														
	Workshop Mobile	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Workshop Phone	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]														
	Workshop Fax	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Workshop E-mail	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]														

THEFT DETAILS	<input type="checkbox"/> Theft of vehicle		<input type="checkbox"/> 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 <i>(Applicable for theft, fire, loss of personal effects &amp; third party loss only)</i>	Accident / Theft reported to police	Yes	[ ]	No	[ ]	If No provide reasons													
	Date of reporting to police	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]																	
	Name of police station																		
	FIR / Crime diary number	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]																	

THIRD PARTY LOSS DETAILS	Third party involved	Yes	[ ]	No	[ ]	(If "Yes", provide additional information)												
	Third party loss type	Death	[ ]	Injury	[ ]	Property Damage	[ ]											
	Driver Injured	Yes	[ ]	No	[ ]	Occupants Injured	Yes	[ ]	No	[ ]								
	Details of Third party loss (Attach separate sheet)	Name	Age	Loss type	Address	Treatment Undergone	Hospital Details	Phone	Third Party Vehicle Number (if applicable)	Remarks								
Witness Details	Name	Address						Phone										

ADD ON COVERS <i>(If applicable)</i>	Courtesy car facility availed (Private Car Only)	Yes	[ ]	No	[ ]	If Yes, Expected repair completion date												
	Medical expenses required (Private Car Only)	Yes	[ ]	No	[ ]	Likely expenses												
	Loss of personal effects (Private Car Only)	Rs.	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	(List items lost with value as a separate sheet. FIR MANDATORY)														

INSURED BANK DETAILS	Account number	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
	Bank Name	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Branch Name	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
	IFSC Code Number		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

<b>DECLARATION BY INSURED</b>																	
I/We the above named, do hereby, to the best of my / our knowledge and belief, warrant, the truth of the foregoing statement in every respect, and I / We agree that I / We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.																	
Date: _____																	
Place: _____ Signature of Insured / Claimant																	