UNITED INDIA INSURANCE COMPANY LIMITED

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

Form No.

MOTOR CLAIM FORM - TWO WHEELER / PRIVATE CAR

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

INSURED NAME

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 D D / M M / Y Y Y Y Time H H : M M a.m. / p.m.

Place of Accident / Theft

DRIVER DETAILS

Driver Name

Driver Address

Driving Licence Number

Licence Expiry Date D D / M M / Y Y | Issuing RTA

Was driver under influence of drugs / intoxicants ☐ Yes ☐ No | Was driverinjured ☐ Yes ☐ No

ACCIDENT DETAILS

Provide brief description of accident / theft / occurrence. *(Attach separate sheet if required) (Provide a rough sketch of accident location):*

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

☐ 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 police ☐ Yes ☐ No | If No provide reasons

Date of reporting to police D D / M M / Y Y Y Y

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 (If applicable)

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

Account number

Bank Name | Branch Name

IFSC Code Number

DECLARATION BY INSURED

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

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