



United India Insurance Company Limited

Head Office - #19, Nungambakkam High Road, IV Lane, Chennai - 600034

“ALL RISK” CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
QUESTIONS TO BE ANSWERED BY THE CLAIMANT

Policy No. _____

Claim No. _____

1	Name of the Proposer	
2	Name of Insured/Claimant	
3	Address	
4	Contact No.	
5	Nature of Loss/damage	
6	Details of lost/damaged property	
7	Place and address where the loss took place	
8	When and where was the missing property last seen?	
9	Date and time when loss was first discovered	
10	State the circumstances of the loss or damage	

11	Estimated value of items lost or damaged	
12	Date and time of reporting the loss to the Police Station. (Please furnish copy of FIR)	
13	Name and address of Police Station	
14	Any other information relevant to processing of claim	

I/We hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this claim form are true, correct and complete.

(b) The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

(c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

(d) If I/we have given/made any false or fraudulent statement/information or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

(e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Signature of Insured:

Date:

Place: