युनइटैंड इंडीया UNITED INDIA

UNITED INDIA INSURANCE CO. LTD.

(Registered Office : 24, Whites Road, Chennai-600 014.)

	Dr.	BRANCH/DIVISIONAL OFFICE								
		CLAIM FOR	FORM FOR FIRE & ALLIED PERILS							
olicy No		Claim No.								
			INSURED							
. (a) Na	me									
(b) Ad	uress									
	me of Mortgagee or ving interest in the pr									
. 7	200	DETA	ILS OF INSURANCE							
lame of	nsurer	Policy No. (s)	Sum insured Rs.	d From	Period To					
		n e								
				48						
				a.						
				22						
				**						
	surance is effected w		copies of such policies to	be attached.	-V.					
	surance is effected w		copies of such policies to ETAILS OF LOSS	be attached.						
	surance is effected we ne & Date of Fire / Lo	DI	CONTRACTOR OF THE PROPERTY OF	be attached.	T.					
(a) Tin	ne & Date of Fire / Lo	DI	CONTRACTOR OF THE PROPERTY OF	be attached.	-V					
(a) Tin (b) Ca	ne & Date of Fire / Loss	DI	CONTRACTOR OF THE PROPERTY OF	be attached.						
(a) Tin (b) Ca (c) Ite	ne & Date of Fire / Louise of fire / Loss	DI	CONTRACTOR OF THE PROPERTY OF	be attached.						
(a) Tin (b) Ca (c) Ite	ne & Date of Fire / Loss	DI	CONTRACTOR OF THE PROPERTY OF	be attached.						
(a) Tin (b) Ca (c) Iter (gir	ne & Date of Fire / Louise of fire / Loss m of Policy affected ve description)	oss	CONTRACTOR OF THE PROPERTY OF	be attached.						
(a) Tin (b) Ca (c) Iter (gir (d) Oc	ne & Date of Fire / Louise of fire / Loss	oss	CONTRACTOR OF THE PROPERTY OF	be attached.						
(a) Tin (b) Ca (c) Itel (giv (d) Oc	ne & Date of Fire / Louise of fire / Loss m of Policy affected ye description)	oss nises at the time	CONTRACTOR OF THE PROPERTY OF	be attached.						
(a) Tin (b) Ca (c) Ite (gi (d) Oc of I	ne & Date of Fire / Loss use of fire / Loss m of Policy affected /e description) cupation of the prem Fire / Loss	oss nises at the time	CONTRACTOR OF THE PROPERTY.	be attached.						

I/We hereby declare that the statement made by us in the claim form are true to the best of our knowledge and belief and that I/we have not withheld any material information which has a bearing upon the claim.

Place:

Date:

Signature of the Claimant.

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

FIRE CLAIM FORM

DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

A Fire insurance policy being a contract of indemnity, only all claims must be based upon the actual value of the goods at the time of Fire, excluding any Profit whatsoever.

Item No. of Policy	Description of affected Property			Value at the time of Fire Rs.		Deduction for Value of Salvage Rs.			Net Amount Claimed Rs.		
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					6						
-											
es more) (H) (1)			1 1 1						
						9					
		1090									