

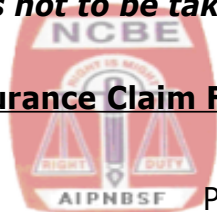


UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

The issue to this form is not to be taken as an admission of Liability

Personal Accident Insurance Claim Form (Particulars) of Accident



Policy No. _____

Claim No. _____

TO BE COMPLETED BY THE INSURED

1. (a) Name of the Insured [in full] _____
(b) Name of the injured Person _____
(c) Address in full _____
(d) Profession or occupation _____
(e) Age at last birthday _____

- 2.
- | Policy No. | Sum Insured | Table of Cover | Period |
|------------|-------------|----------------|--------|
| (i) | | | |
| (ii) | | | |
| (iii) | | | |

3	a) Date of the accident? Time of accident? Place of Accident? Name and address of witness	
4	How did the accident occur ?	