



युनाइटेड इंडिया इन्सुरेन्स कं. लि.
UNITED INDIA INSURANCE CO. LTD.
Regd. & Head Office : 24, Whites Road, Chennai - 600 014

DIVISIONAL/BRANCH OFFICE.....

PERSONAL ACCIDENT INSURANCE CLAIMANT'S STATEMENT

(This issue of this form does not constitute admission of liability. Please return this form duly Completed together with Death Certificate from the Hospital or the Medical Attendant, Post Mortem Certificate, if any and Police Panchanama if any)

Claim No	Policy No.
1. (a) Name of Claimant (In full) (If more than one, state names of all) (b) Address (c) Relationship of Claimant with the deceased	a) b) c)
2. State nature of title under which Claimant is claiming the amount	
Particulars of the Insured Person who died in the accident	
3. (a) Name (in full) (b) Last Address (c) Occupation (d) Age at the time of the accident	a) b) c) d)
4. (a) When did the accident happen? Give date and exact time) (b) Where did the accident happen? (c) Give full description of the accident, its cause and Injuries sustained (d) State date time and place of death	a) b) c) d)
5. On what date did the claimant receive information in regard to the accident and from whom?	
6. Give the name and address of two persons who witnessed the accident	
7. (a) Was the deceased free from infirmity at the time of accident? If not, give particulars (b) Was the deceased under the influence of drugs or drink at the time of accident? (c) Is the Claimant satisfied that the death was directly due to the accident? (d) Give the names and addresses of (i) The Hospital, Clinic or Nursing Home where the deceased was treated after the accident (ii) The Physician / Surgeon who attended on the deceased after the accident (iii) His regular Physician, if any	a) b) c) (i) (ii) (iii)
8. Did the deceased have any other Accident Insurance on his life ? If so, state the name of the Insurer/s and amount/s claimed	

I/We hereby affirm and declare that the answers to all the above questions are full and true in every respect

Place :

Date:

Witnesses:

1. Signature

Name

Address

2. Signature

Name

Address

Signature of Claimant