

UNITED INDIA INSURANCE COMPANY LTD
Regd. & Head Office: 24, WHITES ROAD, CHENNAI-600 014)
BRANCH / DIVISIONAL OFFICE.....
UNI-STUDY CARE GROUP INSURANCE CLAIM FORM

The issue of this form does not constitute admission of liability.
 Please return this form duly completed together with relevant reports / Bills /
 Certificates etc.,

Policy No:

Claim No:

| | | |
|----|---|------------------------------|
| 1. | (a) Name of the College / Institution (b) Address c) Name of the claimant d) Address | (a) (b) |
| 2. | Particular of injured person : (a) Name in full (b) Last full postal address (c) Last occupation (d) Age at the time of accident | (a) (b) (c) (d) |
| 3 | Details of accident: 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 e) Give names and addresses of two persons who witnessed the accident. f) Was the injured person free from infirmity at the time of accident? If not give particulars. g) Was the injured person under the influence of drugs or drink at the time of accident ? h) Name and address of the hospital where the injured person was treated after the accident. | |

| | | |
|---|---|--|
| 4 | Hospitalisation details: a) Name of the student (in respect of whom claim is made) b) Present completed age c) Nature of Disease / Illness contracted or injury sustained d) Date of injury sustained or disease/ illness first detected e) Name and address of the Hospital / Nursing Home f) Date of Admission g) Date of Discharge h) Details of expenses (supporting Bills / Receipts / Cash Memos along with discharge summary are to be enclosed to this claim form) | a) b) c) d) e) f) g) h) i) |
| 5 | a) a) Give details of baggage lost with cause and value (attach separate list if necessary) b) b) Where and how was the baggage lost? Give full details. c) c) When and to which police station was it reported (please attach copy of FIR) | (a) (b) |
| 6 | Has the Insured sustained similar loss/es prior to this loss? If yes, give details of insurer and claim amount. | |
| 7 | Amount of loss Claimed | Rs |

I/ we declare that the above information furnished are correct in all aspects.

Date:

Place:

Signature of student / claimant

Signature of principal / head of institution

