



# UNITED INDIA INSURANCE COMPANY LIMITED

## SERVICE HUB

Mezzanine Floor, "United India Bhavan", Nr. Income Tax Circle, Ashram Road, Ahmedabad-14.

Ph. : 27543408, 27544712, 27541882, Fax : 27541709

## QUICK CLAIM INTIMATION FORM

		SURVEYOR APPOINTMENT	
		MR.	
		DATE :	
		AAO	AM
1	Claim Intimation date	Date :	Time :
2	Name of Person Intimating	Mr./Ms. <u>Jayeshkumar S. Patel</u>	
3	Contact Details of person intimating	Mobile : <u>9825821801</u>	Landline :
		Fax :	E-mail :
4	Own damage loss type	Partial loss / Fire / Theft / Total loss / Constructive total loss / Others (Specify)	
5	Policy/Cover Note Number		
6	Vehicle Details	Registration Number : <u>2701 H920104</u>	Make : <u>Hyundai</u>
		Model : <u>TDN</u>	Type : Motor Cycle / Private Car / Goods Carrying / Passenger Vehicle / Miscellaneous type of vehicle
		Engine Number : <u>7975</u>	Chassis Number : <u>04822</u>
7	Accident Details	Date : <u>15-12-2024</u>	Time : <u>5:00 PM</u>
		Place : <u>Limbha Road</u>	
8	Road assistance required	Yes	No.
9	Vehicle available for inspection at	Spot	Workshop <input checked="" type="checkbox"/>
10	Workshop Details :	Workshop Code :	Name : <u>Jay Motors and service station</u>
		Phone : <u>9974401851</u>	E-mail : <u>chirag336@gmail.com</u>
		Address : <u>shop no. 14 Kaviya Residency Nilcol Road</u>	
11	Third Party Involved	Yes / No.	
12	Third party loss type	Death / Injury / Property Damage / Others (Specify)	
		Station Name : <u>                    </u>	
13	Police Report Details	FIR Number <u>                    </u>	

July 2018 / 6000

Name & Signature of Intimating Person

Date :