



UNITED INDIA INSURANCE COMPANY LIMITED

SERVICE HUB

Mezzanine Floor, "United India Bhavan" Nr. Income Tax Circle, Ashram Road, Ahmedabad-14.
Ph. 27543408, 27544712

Form No.

MOTOR CLAIM FORM - TWO WHEELER / PRIVATE CAR

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Instructions for filling the form:

(a) Complete all relevant details fully, (b) Where boxes are provided enter one letter per box (c) where check boxes are provided indicate selection using a tick mark

		SURVEYOR APPOINTMENT		MR.							
				DATE :							
		AO		AM		MANAGER					
CLAIM NUMBER (For Office use only)											
POLICY NUMBER		1807823124P100916674									
INSURED NAME		Jayeshkumar somabhai Patel									
INSURED ADDRESS		Kachhiya shenai Lal Dargah									
		Icheda									
		Pincode 387411				Mobile 9825821801					
		STD Code				Landline					
		E-mail				@					
VEHICLE DETAILS		Registration Number		9J01H20104							
		Chassis Number		MAL25IALJM609322							
		Engine Number		G3H G3HAJ1557975							
		Make		Hyundai				Model		Eon	
		Hypothication Details									
DATE & PLACE OF LOSS		Date of Loss		15 / 12 / 2024				Time 5:00		am/pm	
		Place of accident / Theft		Lambha Road							
DRIVER DETAILS		Driver Name		AIPeshkumar N Patel							
		Driver Address									
		Driving Licence Number		9J0720020103821							
		Licence Expire Date		01 / 06 / 2031				Issuing RTA			
		Was drive under influence of drug / Intoxicants		Yes		No.		Was Driver injured		Yes	
ACCIDENT DETAILS		provide brief description of accident / theft / occurrence. (Attach seprate sheet if required) (Provide a rough sketch of accident to action)									
		ગાંધી બિરોડી દીની પાછળે ઝાલેટ ચલુકીની ચીથોલી ઉપર અકસ્માત									
		Two Wheeler (Additional Info)		Pillion rider carried		Yes		No.			
		Private Car / Two Wheeler (additional)		No. Of Occupants carried							

WORKSHOP DETAILS	Address of Workshop		14, Kavita Residency Nilko1									
	Workshop Contact	Ramesh bha		Estimated Loss								
	Workshop Mobile	9974601861		Workshop Phone								
	Workshop Fax			Workshop E-mail	ahmed1336@gmail.com							

THEFT DETAILS	<input type="checkbox"/> Theft of Vehicle		<input type="checkbox"/> Theft of accessories (If accessories stolen provide details as below in a separate sheet)		
	Accessory Name	Make & Brand	Serial Number	Accessory Insured	Accessory Idv
				YES / NO	Rs.

FIR DETAILS (Applicable for theft, fire & third party Loss only)	Accident / Theft reported to police	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	If not provide reason										
	Date of Reporting to police													
	Name of police station													
	FIR / Crime diary number													

THIRD PARTY LOSS DETAILS	Third party involved	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	(If "yes", provide additional information)									
	Third party loss type	<input type="checkbox"/> Death	<input type="checkbox"/> injury	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Occupants Injured								
	Driver injured	<input type="checkbox"/> Yes	<input type="checkbox"/> No.										
	Details of Third party Loss (Attach separate sheet)	Name	Age	Loss Type	Address	Treatment Undergone	Hospital Details	Phone	Third Party Vehicle No. (if applicable)	Remarks			
	Whitness Details	Name	Address		Phone								

ADD ON COVER BENEFIT (if applicable)	Courtesy car facility Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	If yes, Expected repair completion date					
	Medical Expenses Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Likely expenses					

INSURED BANK DETAILS	Account number																			
	Bank Name													Branch Name						
	IFSC Code Number																			

DECLARATION BY INSURED	
<p>I / We the above named, do hereby, to the best of my / our knowledge and belief, warrant, the truth of the foregoing statement in every respect, and I / We agree that I / We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.</p>	
Date	10-12-2024
Place	Ahmedabad
<p style="text-align: right;">Jayesh S. Patel Signature of Insured / Claimant</p>	

APRIL 2015/6000 SHANTI