

From

Place :

Date :

Mobile No:

Email ID :

To

The OD Hub In-Charge
United India Insurance Co.Ltd., Motor Own Damage Claims Hub,
T.K.M.Complex, IInd Floor, 81,Katpadi Road, Vellore – 632 004.

Sir,

Sub: Accident to my/our Vehicle Reg. No _____

My/Our Vehicle met with an accident. Please issue claim form and other particulars are furnished below for your further action.

1. Policy No. :
2. Insured Declared Value :
3. Period of Insurance :
4. Date & Time of Accident :
5. Reason for Delay in Intimation, if any :
6. Spot / Place of Accident :
7. Name of Driver during accident :
8. Accident reported to police. :
If yes, Name of Police Station / CSR / FIR No.
9. Any third party property / bodily injury / death / :
Injury to driver /inmates involved in the
Accident, If yes provide details
10. Spot Survey, if any, :
Surveyor Name and appointing Office Name
11. Estimate with Date :
12. Garage Address and Contact No. :
13. Brief Description of the accident :
indicating the portions of car damaged

Yours faithfully,

Signature of the Insured