



UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE NO. 24 WHITES RD, CHENNAI -600 014

WEDDING BELLS POLICY

CLAIM FORM

1	a) Name of the Insured b) Address c) Occupation d) Situation of the premises where the wedding took place (Please furnish complete address)	a) b) c) d)
2	a) State type of Loss- Expenses/Property/Legal Liability b) Details of Loss- (i) Date & Time (ii) Cause of Loss c) In case loss is due to Fire & Allied Perils, whether the same has been reported to Fire Brigade/ Police d) If the Loss is due to Riot & Strike/ Terrorism/Burglary, Name of the Police Station where the complaint is lodged with Crime No. and date e) If Cancellation of Function: (i) Delay details in reaching the venue by groom/ bride (ii) Details of Death of near one (iii) Details of Other Reasons for Cancellation f) Legal Liability- details of claim made against the insured including the grounds cited for the claim	a) b) c) d) e) f)
3	Has the Insured claimed any compensation from any other source for the same loss/damage/liability?	
4	Details of other insurance policies on the property damaged (owned / on hire)	
5	Amount Claimed with full details : 1) Expenses Rs. 2) Property Rs. 3) Legal Liability Rs. 4) Details of refund, recovery of advances/deposits (caution deposit/security deposit) availed, lost. Cite reasons/ grounds for loss of refund/advance/deposit as the case may be.	

I / We declare that the details furnished above are correct in all aspects.

PLACE:

DATE :

INSURED'S SIGNATURE