HEAD OFFICE 24, WHITES ROAD CHENNAL

CIN: U93090TN1938GOI000108

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TAMILNADU FLOOD CLAIMS 2015 – PROCEDURE FOR CLAIM INTIMATION

COMMON CLAIM FORM FOR ALL THE FOUR PUBLIC SECTOR INSURANCE COMPANIES (United India, New India, National, Oriental Ins Co. Ltd)

SHOP

MARINE

ENGG

Signature of Insured

HOUSE

TYPE OF POLICY

MOTOR

FIRE

Place:

Date:

		HOLDER'S	KEEPERS'		
POLICY NO:					
DATE OF LOSS:					
DATE OF INTIMATION:					
INSURED NAME & ADDRESS:					
AFFECTED LOCATION:					
ESTIMATE (OF LOSS:				
IF MOTOR CLAIM,					
VEHICLE NO) .				
MAKE/ MODEL OF THE VEHICLE:					
LOSS ESTIMATE: Rs.					

Pls be informed that intimations of other PSUs we shall forward the submitted Claim form to the relevant Insurance Co for appointment of Surveyor and further processing of Claims.

The Customer should contact their Insurer for further details on claims