



The Oriental Insurance Company Limited
Regd. Office: Oriental House, P.B.No.7037,A-25/27, Asaf Ali Road, New Delhi- 110002

UAV UDAN (Drone Insurance) policy – Claims Form

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF
LIABILITY

Policy No :
Policy Holder Name:
Period of Insurance:
Claim Number:

A. Details of Insured/Claimant

Name of Insured	
Address of Insured	
Sum Insured under the Policy	
Email ID	
Mobile Number / Landline Number	

E. Details of the Drone/UAV

Registration number of the Drone/UAV(UIN)	
Years of flying:	
Date of licence expiry (DD/MM/YYYY)	

B. Details of Loss/ Damage

Date & Time of Loss	
Loss Location Address	
Description of Cause of Loss/Damage	

Estimated Loss Amount in INR	
Contact Details of Persons at Loss Location Name: Landline Number: Mobile Number: Email ID:	
<p>Is Loss reported to the Authority () Yes () No. If 'No': reason for not reporting the Loss</p> <p>If 'Yes' Name & Address of the Authority:</p> <p>Landline Number: Mobile Number: Email ID</p> <p>Ref No. given by Authority if any or attach the submitted complaint copy:</p>	

C. Details of Other Insurance

<p>Is Loss/Damage Covered under any Other Insurance</p> <p>Yes () No ()</p> <p>If Yes Provide the following Details Name of the Insurer Policy Number Period of Insurance Limit of Liability/Sum Insured</p> <p>Attach the Policy Copy</p>	
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D. Details of Other Interest

<p>Is Insured the Sole Owner of the Drone/UAV</p> <p>Yes () No ()</p> <p>If No , provide following Details Nature of Interest Name of the Persons</p>	
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Address	
Landline Number	
Mobile Number	
Email ID	

E. Details of Pilot flying the Drone/UAV

Full Details of Pilot	
Address	
Phone Number	
Mobile Number	
Email ID	
Licence number:	
Years of flying experience	
Date of licence expiry (DD/MM/YY)	

F. Details of Previous Losses (If Any)

Date of Loss	Cause of Loss	Value of Loss (INR)

G. Details of Other Information

Do you wish to provide any other information? () Yes; () No. If 'Yes', specify

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge. And I/We have made, or make any further declaration the Lead Insurer may require in respect of the said incident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under shall be forfeited.

Place :
Date :

Signature :
Name of Insured/Claimant