



Reliance Contractor's All Risk Insurance Policy Claim Form

Issuance of this form does not imply acceptance of the liability

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No.		Claim No.	
Date of Registration			
Area Office Code/Service Centre Code			
Broker/Agent Name		Code	
1. Name of the Insured			
2. Customer ID			
3. Address of the Insured			
Plot No./Door No.		Building name	
Road			
Area			
City		Pin Code	
State			
Phone No.			
E-mail Id		PAN No.	
4. Date & time of loss :	Date:	Time:	AM / PM
5. State the site where the damage occurred? Name the nearest Railway station.			
6. Full description of the property damaged			
a) Property constructed /under construction on site			
b) Property belonging to third party			
7. What was the cause of damage? (eg. Defective materials, faulty design etc.). Give particulars of parts concerned.			
8. If damage occurred during testing, if any, when did the testing commence?			
9. Is any one responsible for the damage? Is there any possibility of recovery?			
10. By whom was the accident witnessed?			

11. State where the damaged item can be inspected should the company so desire?

12. How will the damage be repaired? (Please state in detail, whether any parts must be replaced; give weight and value of damaged parts.)

13. What is the estimated amount of loss/damage?

14. How did the damage occur? Please give in detail a sketch, wherever possible supported by statements of witness.

15. What is the salvage or scrap value of the damaged parts to be replaced?

16. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof, where you are entitled to recover in respect of above loss or damage?

17. Do you wish to carry out repair yourself? (or) Do you wish to entrust repairs to another firm (state the name of the firm and details)

18. Please give any other particulars relevant to the damage.

19. Bank Details

Would you like to opt for NEFT payment?

☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name Branch Name

A/C Holder Name as in Bank Record City State

Account No IFSC Code

(this is a 11 digit code printed on your cheque leaf)

Declaration by Insured

I/We hereby declare that the statements made by me / us in this claim form are true to the best of my / our knowledge and belief.

Date:

Place:

Signature of Insured