RELIANCE
General Insurance

1800 3009 (toll free)
www.reliancegeneral.co.in

Reliance Erection All Risk/Marine-Cum-Erection/Storage-Cum-Erection 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 d d m m y y y y

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: d d m m y y y y Time: h h m m AM / PM
5. State the site where the damage occurred? Name the nearest Railway station.

_____

6. Full description of the property damaged

   a.Property erected/under erection 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, 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? ☐ Yes ☐ No

(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: d d m m y y y y

Place: _____

Signature of Insured

RGI/MCOM/MC/CF/Ver. 1.5/010114

Insurance is a subject matter of solicitation. IRDA Registration No. 103.