RELIANCE
General Insurance

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

Reliance Machinery Loss of Profit Insurance Policy
Claim Form

Issue of this claim form shall not be construed as an admission of Liability

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

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 _____

Insured

1. Name _____

2. Address

   City _____ Pin Code _____

   Phone No. _____ PAN No. _____

3. Period of Insurance From d d m m y y y y To d d m m y y y y

4. **Details of Machinery Breakdown Claim**

   a) Date & time of occurrence: Date: d d m m y y y y Time: h h m m AM / PM

   b) Location of Loss: _____

   c) Description of Occurrence:

   _____

   _____

   d) Full Details of the Machinery which Broke down and its Sr. No as mentioned in Policy Annexure:

   _____

   _____

   e) Cause of Machinery Breakdown:

   _____

   f) Nature and Extent of the Machinery Loss:

   _____

   g) Estimate of Loss due to Machinery Breakdown:- ₹

   _____

   h) Name of Insurer for Machinery Breakdown policy if with the different Insurer:

   _____

5. Machinery Loss Of Profit Claim Details

a) Whether any Alterations have been made in the nature of business/occupation of the premise post inception of the policy, ☐ Yes ☐ No

(if yes, provide the details)

b) Period for which the insured business was interrupted due to reported breakdown:

c) Annual Turnover in the Preceding Financial Year:

d) Estimated reduction in Turnover/Output post Loss:

e) Estimated Reduction in Gross Profit post loss:

f) Standing Charges: (₹)

g) Expenses Incurred for Loss Minimization: (₹)

h) Statement of Claim:

l) Details of Previous Losses, (if any): ₹

j) Do you wish to provide any additional information with respect to the claim:

6. 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)

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in further declaration(s) the Company may require in respect of the above claim, shall make any false or fraudulent statement(s), or any suppression or concealment, my/our claim shall be absolutely forfeited.

Date: d d m m y y y y

Place: _____

Signature of the proposer