RELIANCE
General Insurance

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

Reliance Machinery 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. a) Full description of the machinery damaged

_____

_____

_____

b) Item Number in the policy schedule

_____

c) Value of the damaged machinery

_____

5. Date & time of loss: Date: d d m m y y y y Time: h h m m AM / PM
6. Name of the person(s) if any who witnessed the occurrence

_____

7. Details of damage sustained.

_____

_____

_____

_____

_____

8. Cause of Breakdown.

_____

_____

9. State whether item damaged was under any guarantee from supplier/ Manufacturer/ repairer. If so, state the nature of guarantee and guarantee period.

10. Did the machinery in question suffer any earlier damage due to accident? ☐ Yes ☐ No
If so, give particulars with details of repairs executed?

11. In which section and for what purpose was the machinery being used at the time of breakdown?

12. Have the repairers commenced repairs? ☐ Yes ☐ No
If so, Give the name and address of the repairers.

13. State nature of repairs and particulars of replacement of parts required.

14. Estimate of the cost of repairs / replacement (Any major repairs are to be executed only with prior consent and approval of the company)

15. State salvage value on the damaged items.

16. Where can the damaged items be inspected?

17. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof?

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 |

_____

Signature of Insured

Place: _____

RGI/MCOM/EG-07/CF/Ver. 1.5/010114