

### Reliance Contractor's Plant And 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 plant and machinery damaged

\_\_\_\_\_

\_\_\_\_\_

b) Item number in the policy schedule

\_\_\_\_\_

c) Value of the damaged plant/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 Damage

\_\_\_\_\_

\_\_\_\_\_

9. State whether item damaged was under any guarantee from supplier/ Manufacturer/ repairer.  Yes  No

If so, state the nature of guarantee and guarantee period.

\_\_\_\_\_

10. Did the plant/machinery in question suffer any earlier damage due to accident?  Yes  No

If so, give particulars with details of repairs executed?

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

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12. Have the repairers commenced repairs?  Yes  No

If so, Give the name and address of the repairers.

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

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

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15. State salvage value on the damaged items.

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16. Where can the damaged items be inspected?

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17. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof?  Yes  No

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

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#### 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