



General Insurance

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

Reliance Electronic Equipment 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. a) Full description of the equipment damaged b) Item Number in the policy schedule c) Value of the damaged equipment (attach separate sheet if required) 6. Name of the person(s) if any who witnessed the occurrence 7. Details of damage/loss sustained. 8. Cause of Breakdown/loss.

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 equipment 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 equipment being used at the time of breakdown/loss.

12. Have the repairers commenced repairs? Yes No

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

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

b) Estimate of the cost of repairs / replacement.

(Any major repairs are to be executed only with prior consent and approval of the company)

14. State salvage value on the damaged items.

15. Where can the damaged items be inspected?

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

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

18. 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 declare that the foregoing particulars are true and correct to the best of my/our knowledge.

Date:

Place: _____

Signature of Insured