



General Insurance

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

Reliance Marine 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 Name of the Insured Customer ID Address of the Insured Plot No./Door No. Building name Road Area City Pin Code State Phone No. E-mail Id PAN No.

Insurance Particulars: Certificate/Decl. No & Date: Number: Date: Voyage From To Detail of any other Insurance covering this Consignment.

Nature of Cargo Voyage Date:

Details of Contract of Affreightment: Mode(s) of transport: G.R/R.R/B.L/AWB/P.R No. Name of the Carrier/Agent Date of GR/RR/BL/AWB Name of the ship/No. of lorry Date of custom Survey Date of arrival of vessel/goods at destination Date of survey held/ open delivery obtained. External condition of goods while taking delivery State whether claim lodged on Carrier/third parties. Date of arrival of goods at final warehouse. If Yes, give date and details.

Date of Steamer/Joint Survey: [d | d | m | m | y | y | y | y]

Response of carriers: _____

In whose favour was the RR/GCN endorsed _____

What risk notes, if any, were executed at the time of booking? _____

Details of Accident:

Date & time of loss/discovery of loss: Date: [d | d | m | m | y | y | y | y] Time: [h | h | m | m] AM / PM

Nature of loss: _____

Quantum of Loss: (Pl. attach Claim Bill) _____

Damaged goods lying at: _____

Brief detail of loss:

List of documents attached with the Form:

- 1 _____
- 2 _____
- 3 _____
- 4 _____

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