

Reliance Sundry Hull 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. Name of the Assignee, if any:

5. Particulars of the Insured Vessel :

a) Name <input type="text"/>	b) GRT <input type="text"/>
c) Registration No. <input type="text"/>	d) Place of Registration <input type="text"/>
e) Classified as <input type="text"/>	f) Construction <input type="text"/>
g) Year Built <input type="text"/>	h) Engine No. <input type="text"/>

6. Particulars of the Tindal & Crew Members

Tindal <input type="text"/>	Name & Address <input type="text"/>
Tindal's Father <input type="text"/>	Name & Address <input type="text"/>
Crew Members <input type="text"/>	Name & Address <input type="text"/>

1. 2.

3. 4.

5. 6.

7. Policy Particulars No. _____ Issuing Office _____
Period of Cover _____ Terms _____
Sum Insured ₹ _____

8. Detailed particulars of the casualty giving to this claim indulging place (Anchor-bearing) Time, Date and the cause of the casualty:

9. Actions taken to save the vessel from imperilment:

10. Actual loss / damage suffered:

11. Human lives lost /saved – How and by whom?

12. Has the casualty been reported to the authorities – Port Officer / Police / Notary Public ? If so, give particulars:

13. Was the vessel seaworthy in all respects before commencement of the ill fated voyage
or immediately before the casualty? Yes No

14. a) When was the vessel last repaired?

b) What was the repair work carried out?

15. Particulars of loss minimization efforts and expenses incurred, if any:

16. Estimated Loss:

17. 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)

The above particulars are true to the best of my knowledge. I/We further declare that no other person has any interest in the said property, as Owner Mortgagee, Trustee of otherwise, and that it is not otherwise insured against with this or any other Office, except as above stated.

Date: [d | d | m | m | y | y | y | y]

Place: _____

Signature of Insured