



General Insurance

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

Reliance Plate Glass Insurance Policy Claim Form

The issue of this form does not constitute admission of 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. Address where glass is situated (Please state the precise position of the glass) []

5. Size of the plate broken []

6. Cause of breakage []

7. Date of breakage [d | d | m | m | y | y | y | y]

8. Name and address of the person responsible for breakage, if any []

9. Was he in any way employed by the insured? [] Yes [] No

10. 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 hereby declare that the foregoing statements are made by myself and are true in all respects and that I have not attempted to conceal from the Company anything with which it ought to be made acquainted.

Witness _____

Signature of Insured _____

Place: _____

Date | d | d | m | m | y | y | y | y |