



General Insurance


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

Reliance Burglary & Housebreaking Claim Form 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) State address of the premises at which the loss occurred.
[]
[]

b) How was the said premises occupied?
[]
[]

5. a) Date & time of loss: Date: [d | d | m | m | y | y | y | y] Time: [h | h | m | m] AM / PM

b) When discovered and by whom?
[]

6. a) How was entry to/ exit from the premises effected?
[]
[]

b) Which portion of the premises was affected by the entry or exit?
[]
[]

c) Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property, if any, damaged).
[]
[]
[]
[]

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7. Has a complaint been lodged with the police? Yes No

If so, by whom and when and at which Police Station?

Attach a copy of the Police Complaint.

Note: If this is not done, this may be done immediately and a copy thereof be furnished to the Company.

8. a) Were the premises occupied at the time of loss? Yes No

b) If not, on what date and at what hour were they last occupied? [d | d | m | m | y | y | y | y] [h | h | m | m] AM / PM

c) For how long have the premises been unoccupied since the policy was effected or last renewed?

9. Is anybody suspected of theft? Yes No

If so, state full details.

10. a) Is the insured the sole owner of the property lost or damaged? Yes No

b) Is the insured responsible for repairs to the premises? Yes No

11. a) State the total value of property upon the premises at the time of loss.

b) State the amount of fire insurance upon such property and name(s) of the Insurer(s).

12. Is there any other insurance against the present loss under any other policy? Yes No

If so, give full particulars.

13. 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 hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Details of Articles Stolen, Property Damaged

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

Place: _____

Signature of Insured