

PORTABLE ELECTRONIC EQUIPMENT INSURANCE

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	
Area Office Code/Service Centre Code			
Broker/Agent Name & code		Code	

(1) A. Name				
B. Customer ID.				
(2) Address of the Insured.	Plot No./ Door No.		Building name	
	Road			
	Area			
	City	Pin		
	State			
	Phone			
	E-mail Id			
(3) Date & Time of loss	Date:	Time:		
(4) (a) Full description of the property damaged (b) Item Number in the policy schedule (c) Value of the damaged property (attach separate sheet if required)				
(5) Details of damage/loss sustained.				
(6) Cause of damage/loss				
(7) State whether item damaged was under any guarantee from supplier/ Manufacturer/ repairer. If so, state the nature of guarantee and guarantee period.				
(8) Did the property in question suffer any earlier damage due to accident? If so, give particulars with details of repairs executed?				
(9) Have the repairers commenced repairs?				

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

If so, Give the name and address of the repairers.	
(10)(a) State nature of repairs and particulars of replacement of parts required.	
(10)(b) Estimate of the cost of repairs / replacement (Any major repairs are to be executed only with prior consent and approval of the company)	
(11) Where can the damaged items be inspected	
(12) Is there any other insurance effected by you or any other person covering the loss sustained or any part thereof?	
(13) Please give any other particulars relevant to the damage.	

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

Place:

Signature of the Insured/
Authorised Signatory

Date: