

Reliance Standard Fire & Special Perils 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 [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. []

Please give following details pertaining to all the policies involved in fire accident:

Policy No.	Risk Covered	Location	Sum Insured(Rs)	Estimated amount of loss(₹)
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]

Period of insurance: From: [] To: []

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

- Nature & cause of loss (please describe the circumstances leading to the loss)
- Give details of insurance with any other insurance company on the risk involved in fire/accident.
- If insured is not sole owner, the nature of his/their interest in the property and details of other interests
- Whether the loss is intimated to
 - Police []
 - Fire Brigade []

8. Was any claim reported in the past on the same property during current policy period? Yes No

If so, give details regarding

- a) Cause _____
- b) Date of accident _____
- c) Claim number _____
- d) Policy issuing office _____
- e) Amount of claim paid/outstanding _____

9. 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