RELIANCE General Insurance
Anil Dhirubhai Ambani Group

A Reliance Capital Company

1 800 3002 8282 (toll free)
3989 8282 (local charges apply)
www.reliancegeneral.co.in

Reliance Travel Care Insurance Policy

Claim Form D

Please return the completed form within fourteen days of the loss together with the relevant vouchers, documents etc.

Home Burglary

Address of the premises at which the loss occurred.

How was the said premises occupied?

Date of loss | | | | | | | | Time of loss

When was the loss first discovered and by whom?

Please state as to how the entry to/ exit from the premises effected?

Please specify the portion of the premises which was affected by the entry or exit?

Please provide details as to how the loss occurred.

Has a complaint been lodged with the Police Authorities? ☐ Yes ☐ No

If yes,

a) Who lodged the complaint with the Police Authorities?

b) Which Police station was the complaint lodged at?

c) When was the compliant lodged? Please attach a copy of the Police complaint.

(Note : If this is not done, this may be done immediately and a copy thereof be submitted)

Please state the total value of property upon the premises at the time of loss.

Please state whether there the property is covered under a Fire and Special Perils Policy? ☐ Yes ☐ No

If yes,

a. Please state the Sum Insured applicable

b. Name(s) of the Insurer (s).

Is there any other Insurance against the present loss under any other Policy ? ☐ Yes ☐ No

If yes, please give full particulars.

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. (In case of insufficient space, please attach a separate sheet.)

Signature of Insured Person

Date

Place

Reliance General Insurance Co. Ltd. **Registered Office** Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001