



Reliance Insurance Company Limited

181-A, Sindhi Muslim Co-operative Housing Society, Karachi
Tel: 92-21-3-4539415-17 Fax: 92-21-3-4539412 Email: claim@relianceins.com

CLAIM FORM FOR FIRE & ALLIED INSURANCE

Name of claimant _____ Policy No. _____
(If more than one policy see reverse)

Name of Insured _____ Agency : _____

Nature of Incident _____

When did the incident take place?		
Situation of property damage or destroyed or stolen	Date :	Time :
How were the premises occupied at the time of incident?		
What was the cause of the incident and under what Circumstances did it occur?		
Does the policy give a correct description of the property in all respects as it existed immediately before the incident?		
Has any element of risk been introduced which was not allowed by the policy?		
Have the conditions and warranties of the policy been complied with in every respect?		
Is the claimant the sole owner of the property damaged or destroyed or stolen? If not state full particulars of any other interest?		
Has there been a previous loss in these premises or in any Other premises in which the insured was interested? If so state full particulars of such incident or incidents		
Were there at the time of the incident any existing insurances whatever effected by the claimant or by any other person on the said property with any other company? If so state full particulars, if not please write "NO"	NAME OF COMPANY	AMOUNT

I/We _____ now residing at _____ do hereby declare that the above is a full, true and accurate statement and I/We further declare that the articles mentioned on the reverse side being my/our property and insured under the above named policy or policies were accidentally destroyed I/We claim from Reliance Insurance Company Limited the sum of Rs. _____ the amount thereof . I /We solemnly declare that I/We have in no manner nor by any faud nor willful misrepresebtationnn nor non-disclosure sought unjustly to benefit by the said incident and that this solemn declaration is made by me /us conscientiously believing the same to be true. As witness my/our hand this _____ day of _____ 20_____

Taken and declare at _____
This _____ day of _____ in the Year 20

Signature of Claimant _____

Before me _____



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DETAILED STATEMENT OF PROPERTY DESTROYED OR DAMAGED OR STOLEN BY THE INCIDENT AND INSURED UNDER

Policy No. _____ of **RELIANCE INSURANCE COMPANY LIMITED**
(IF MORE THAN ONE POLICY SEE BELOW)

Policy No.	DESCRIPTION	Value of property or articles at the time of Incident		Value of Salvage		Amount claimed after deducting value of salvage	

TO BE COMPLETED IF MORE THAN ONE POLICY

POLICY NO.

AMOUNT

PROPERTY COVERED