



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

MOTOR VEHICLE THEFT CLAIM FORM

The company does not admit liability by the issue of this form in the event of theft of your vehicle it must immediately be reported to the police.

Policy No. _____

Claim No. _____

INSURED

Name

Occupation

Private Address.....

Tel No

Business Address

Tel No.....

VEHICLE

Make Regn. No. H.P./C.C Year of Make

Name and Address of Owner

Date of purchase Price Paid

Form whom Purchase

If vehicle subject to Hire Purchase Agreement, state name of finance company

PERSON

Name of the person at the time of theft.....

INCHARGE

Address Age

Is he employed by you? YES / NO' If so how long

Was he driving with your permission? YES/ NO'

THEFT

Date Time Place

When and where was the vehicle last seen by you and your driver?

a) you

b) your driver

What precautions against theft were taken by you

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State fully what happened

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Police Station where theft was reported

Date and time of report



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ACCESSORIES

Full Description of Article Stolen	From where Obtained	Date of Purchased or Acquired	Cost Price	Sum Claimed After deduction For Age, use, wear & tear

I DECLARE that these particulars are true and complete

Signature of insured.

Dated _____

“Please mark ‘N/A’ for Not Applicable.