



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 MACHINERY INSURANCE

Policy No.

Claim No.

Name:

Address:

Questions	Answers
When did the loss or damage occur (State date and hour)	
2. Give the name and address of the witnesses To the occurrence.	
3. What was damaged? (a) Item of the Inventory. (b) Sum Insured. (c) Type of machine output or capacity. (d) Manufacturer and year of manufacture	(a) (b) (c) (d)
(Full details as on maker's Plate to be given)	
4. (a) How long has the damaged property been On your possession.	(a)
(b) Was the property brand new or second hand?	(b)
5. Is the damaged property totally destroyed?	
6. What has occurred and which parts of the property are damaged to such an extent that replacement is necessary?	
7. Has the period of guarantee expired? If so when?	
8. What was the cause of the damage and how did it occur? (This question must be answered whenever possible)	
9. (a) Has the property undergone any repairs previously. (b) What was the nature of such repairs?	
10. Give the name & address of the workshop where Repairs will be executed: (Provisional repairs will not be indemnified).	

As soon as a loss or damage has become known, the Company at its Head Office must be notified without delay on the resent form. The Agents are not authorized to accept notifications of loss or damage.

The undersigned policy holder declares to have answered the above questions conscientiously and truthfully and he is liable for the correctness and completeness of his statement.

Dated:20.....

Signature