

**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	
1.	Address of the premises at which the loss occurred. Flat/Building/Door/Block No. <input type="text"/> Road/Street/Sector <input type="text"/> Area <input type="text"/> Taluka/Village/District/City <input type="text"/> Pin Code <input type="text"/> State <input type="text"/> Country <input type="text"/> Telephone No. <input type="text"/> Fax <input type="text"/>
2.	How was the said premises occupied? <input type="text"/>
3.	Date of loss <input type="text" value="d d m m y y y y"/> 4. Time of loss <input type="text"/> hrs.
5.	When was the loss first discovered add by whom? <input type="text"/>
6.	Please state as to how the entry to/exit from the premises effected? <input type="text"/>
7.	Please specify the portion of the premises which was affected by the entry or exit? <input type="text"/>
8.	Please provide details as to how the loss occurred <input type="text"/>
9.	Has a complaint been lodged with the Police Authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a) Who lodged the complaint with the Police Authorities? <input type="text"/> b) Which Police station was the complaint lodged at? <input type="text"/> c) When was the complaint lodged? Please attach a copy of the Police complaint. <input type="text"/> (Note: If this is not done, this may be done immediately and a copy thereof be submitted)
10.	Please state the total value of property upon the premises at the time of loss <input type="text"/>
11.	Please state whether the property is covered under a Fire and Special Perils Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes a) Please state the Sum Insured applicable <input type="text"/> b) Name(s) of the Insurer(s). <input type="text"/> Is there any other Insurance against the present loss under any other Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give full particulars <input type="text"/>

Declaration

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.)

Date

Place _____

Signature of Insured Person

Contact Reliance General Insurance Company Limited : +91-22-67347843* / +91-22-67347844*

RCare ID: reliance@europ-assistance.in

IRDAI Registration No. 103. UIN: IRDA/NL-HLT/RGI/P-T/V.I/321/13-14.