

**Reliance Marine Cargo Insurance Policy  
Claim Form**

Issuance of this form does not imply acceptance of the liability

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

Policy No.  Claim No.   
 Date of Registration  Area Office Code/Service Centre Code   
 Broker/Agent Name  Code

**Section 1 - Insured Details**

1. Name of the Insured   
 2. Customer ID   
 3. Address of the Insured  
 Plot No./Flat No.  Building name   
 Road   
 Area   
 City  Pin Code   
 State   
 Phone No.  E-mail Id   
 UID Aadhar No.  PAN No.   
 Profession/Occupation  Business  Profession  Salary  Agricultural Income  Savings  Others  
 Monthly Income:  Upto ₹ 20,000  ₹ 20,001 to ₹ 50,000  ₹ 50,001 to ₹ 1,00,000  ₹ 1,00,001 and above

**Section 2 - Insurance Particulars**

4. Certificate/Decl. No & Date: Number:  5. Date:   
 6. Voyage From  To   
 7. Detail of any other Insurance covering this Consignment.   
 8. Nature of Cargo  9. Voyage Date:

**Section 3 - Details of Contract of Affreightment**

10. Mode(s) of transport:  11. G.R/R.R/B.L/AWB/P.R No.   
 12. Name of the Carrier/Agent  13. Date of GR/RR/BL/AWB   
 13. Name of the ship/No. of lorry  14. Date of custom Survey   
 15. Date of arrival of vessel/  
 goods at destination  16. Date of survey held/ open  
 delivery obtained.   
 17. External condition of goods while taking delivery   
 18. State whether claim lodged on Carrier/third parties.  Yes  No  
 If Yes, give date and details.  
  
 19. Date of arrival of goods at final warehouse.   
 20. Date of Steamer/Joint Survey:  21. Response of carriers:

22. In whose favour was the RR/GCN endorsed \_\_\_\_\_

23. What risk notes, if any, were executed at the time of booking? \_\_\_\_\_

#### Section 4 - Details of Accident

24. Date & time of loss/discovery of loss: Date: [d | d | m | m | y | y | y | y] Time: [h | h | m | m] AM / PM

25. Nature of loss: \_\_\_\_\_ 26. Quantum of Loss: \_\_\_\_\_  
(Pl. attach Claim Bill)

27. Damaged goods lying at: \_\_\_\_\_

28. Brief detail of the loss:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. List of documents attached with the Form:  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

#### Section 5 - Bank Details

Would you like to opt for NEFT payment?  Yes  No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

A/C Holder Name as in Bank Record \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Account No \_\_\_\_\_ IFSC Code \_\_\_\_\_

(this is a 11 digit code printed on your cheque leaf)

#### Declaration by Insured:

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

Date: [d | d | m | m | y | y | y | y]

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured