

**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. _____ Road/Street/Sector _____ Area _____ Taluka/Village/District/City _____ Pin Code _____ State _____ Country _____ Telephone No. _____ Fax _____
2.	How was the said premises occupied? _____
3.	Date of loss        d   d   m   m   y   y   y   y        4. Time of loss _____ hrs.
5.	When was the loss first discovered add by whom? _____
6.	Please state as to how the entry to/exit from the premises effected? _____
7.	Please specify the portion of the premises which was affected by the entry or exit? _____
8.	Please provide details as to how the loss occurred _____
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? _____ b) Which Police station was the complaint lodged at? _____ c) When was the complaint lodged? Please attach a copy of the Police complaint. _____ (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 _____
11.	Please state whether there 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 _____ b) Name(s) of the Insurer(s). _____
	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 _____

