

MONEY INSURANCE POLICY CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Note: The claim form is to be duly filled and signed by the insured. All facts and statements must be factual not influenced or biased in any favour.

Policy Number

Claim Number

Z. O/B.O

INSURED DETAILS

1. Name of the Proposer (in full):

2. Address of the Proposer:

State	Pin code
Mobile	Landline
Email	
Occupation	

***Please note that claim cheque (if any) will be dispatched to the address mentioned above. This address will be updated in above mentioned policy.**

3. Bank Details:

Bank Name	
Branch	
Type of A/c	A/c no
Pan No	
IFSC Code	MICR code

DETAILS OF LOSS

4.

a. When was the Loss discovered?

D	D	M	M	Y	Y
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H	H	M	M
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AM/ PM

b. Name the places between which money was in transit?

c. How and where did the loss occur?

d. What was the amount being carried?

e. Please provide brief details of incidence

5. Who was in custody of money at the time of loss?

6. When did the concerned employees enter your service?

7. Is anyone of them involved in similar losses before?

8. Do you hold any cash deposit or any other security from them?

DETAILS OF TRANSIT

9. Were the persons carrying money accompanied by an armed guard? If not, state what protection if any, was provided?

10. How was money being carried? (i.e. whether in bags, boxes trunks, etc, and in how many of them)

11. Whether such bags, boxes, trunks securely locked/closed?

12. What means of transport was used by the persons carrying money?

DETAILS OF LOSS AMOUNT

13. Give the circumstances of the loss or damage (full particulars must be given).

14. What is the total amount of loss?

15. Was the total amount checked at the time of handing over to the messenger?

16. Was any acknowledgement received from him? If not then please provide reasons for the same.

MISCELLNEOUS INFORMATION

17. Have you informed the policy authorities? If YES, the please provide details of when and where?

18. Please provide the Case. No in case police authority is informed

19. Is the perpetrator caught by Police?

20. What steps have been taken to recover lost money?

21. Were the persons carrying money covered under Fidelity Guarantee Policy/ Policies? If YES, then please provide sum insured and insurer details

22. Are there any other insurance upon the same money? If YES, give full particulars.

23. Have you ever before sustained losses of the same nature? If YES, give particulars.

DECLARATIONS

I/ We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above information or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also agree to provide additional information to the company, if required.

Date: _____

Proposer Signature: _____



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