

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																											
IN:	SURED	DET	AIL	.S																							
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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?
DE	TAILS OF TRANSIT
	ere the persons carrying money accompanied by an armed guard? If not, state what protection any, was provided?
	ow was money being carried? (i.e. whether in bags, boxes trunks, etc, and in how many of nem)
. W	/hether such bags, boxes, trunks securely locked/closed?
. W	/hat means of transport was used by the persons carrying money?
DE	TAILS OF LOSS AMOUNT
	ive the circumstances of the loss or damage (full particulars must be given).
. W	/hat 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:
Generali Central Insurance Company Limited Address: Unit No. 801 & 802, Tower C, 247 Embassy Park, LBS Marg,

Claim Form_ Money Insurance Policy

Vikhroli (West), Mumbai – 400083 CIN: U66030MH2006PLC165287 E-mail: gcicare@generalicentral.com

Customer Service: 1800-220-233 | 1860-500-3333 | 022-67837800



Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai - 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: https://generalicentralinsurance.com | Email ID: gcicare@generalicentral.com | Tollfree Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800