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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 forfeited. I/We also agree to provide additional information to the company, if required.

Date: _____

Proposer Signature: _____

Generali Central Insurance Company Limited
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Vikhroli (West), Mumbai – 400083
CIN: U66030MH2006PLC165287
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