

### Money Insurance 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.	<input type="text"/>	Claim No.	<input type="text"/>
Date of Registration	<input type="text"/>	Area Office Code/Service Centre Code	<input type="text"/>
Broker/Agent Name	<input type="text"/>	Code	<input type="text"/>

#### Section 1 - Insured Details

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

#### Section 2 - Details of loss

5. a)	Date and time of occurrence of loss:	Date:	<input type="text"/>	Time:	<input type="text"/>	AM / PM
b)	Date of discovery of loss	<input type="text"/>				
c)	What were the places between which money was in transit?					
	<input type="text"/>					
d)	Where did the loss occur?					
	<input type="text"/>					
e)	By whom was the loss reported? (A copy of written statement to be attached)					
	<input type="text"/>					
6. a)	In whose custody was the money at the time of the loss?					
	<input type="text"/>					
b)	Who were the other persons accompanying the person carrying the money?					
	<input type="text"/>					
c)	Did armed guards with fire arms accompany the money? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="text"/>					
d)	How many persons accompanied him?					
	<input type="text"/>					

7. Brief details of the exact circumstances under which the loss occurred

8. a) How was the money carried? (whether in pocket, bag, box etc)

b) Whether such bags, boxes etc were securely locked? ☐ Yes ☐ No

c) By what conveyance was the money carried?

9. a) What was the total amount of money being carried?

b) Was the total amount checked at the time of handing it over to the messenger? ☐ Yes ☐ No

c) Was any acknowledgement received from him? ☐ Yes ☐ No

10. What was the amount of loss?

11. Has a complaint been made to the police? ☐ Yes ☐ No

If so, please attach a copy thereof. (If not, this should be done immediately)

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

13. a) When did the employees concerned enter your service?

b) Was any one of them involved in a similar loss before? ☐ Yes ☐ No

c) Are you satisfied that the version given by them is correct? ☐ Yes ☐ No

d) Are any of them covered under any Fidelity Guarantee Policy? If so, give details

e) Do you hold any cash deposit or any security from them? ☐ Yes ☐ No

14. Have you ever before sustained a loss of this nature? ☐ Yes ☐ No

If so, give particulars

15. Are there any other insurance upon the same money? ☐ Yes ☐ No

If so, give details

### Section 3 - 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)

I/We hereby declare that the above statements are true and correct in every respect

Date:

Place:

Signature of Insured