

**Money Insurance Claim Form**

The issue of this form is not to be taken as an admission of liability. Please ensure that all columns of the claim forms are filled in by the insured and no column remains unanswered. Attach Separate Sheet if the space is not sufficient.

**INSURANCE DETAILS:**

Policy Number:		Claim Number:	
Period of Insurance:			
Name:			
Address:			
Contact Number:	Landline:-	Mobile:-	
E-mail:			
Total Sum Insured:			
Sum Insured against Insured Premises:			
Detail of other insurances: if any:			

**DETAILS OF THE LOSS:**

Date & Time of loss:	Place of Mishap:
When and how was the loss discovered :	
Name of Person who first noticed the loss	
What were the places between which money was in transit?	
What was the amount being carried?	
Were the persons conveying the money accompanied by an armed guard? If not, state what protection if any, was provided?	
How was the money being carried? (i.e. whether in bags, trunks, etc, and in how many of them)	
What means of transport was being used by the persons conveying the money?	

What steps have been taken to recover the lost money?	
Were the persons carrying the money are also covered under Fidelity Guarantee Policy / Policies? if so, for what sums and with which office/s?	
Has the same person been" involved" in same kind of the instance in the past.	
Are there any other insurance upon the same money? If so, give full particulars.	
Details of Loss under Money at/ till Counter	
Details of under ATM Withdrawal Protection	
Details of loss under Fidelity Guarantee	
a. Employee's Name	
b. Quantum of Loss	
c. Type of Loss	
d. Action taken on the employees	
e. Initiatives taken for recovery	
f. Details of loss under Terrorism	
Circumstances & Cause of Loss:	

**ESTIMATE OF LOSS:**

--

**POLICE REPORT:**

Has the loss been reported to the Police? If so when and where? (Attach a copy of the police report).

If not reported, reasons thereof

**PREVIOUS LOSSES, if any:**

--

I, undersigned confirm that the above given details are true & correct to the best of my knowledge.

Place:

Date:

Signature of Insured