



MONEY INSURANCE - CLAIM FORM

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 3 days, from the date of receipt of this claim form.

Policy Number:	Claim No:
Period of Insurance: From:	To :

1.	Name of the Insured	
2.	Address for communication P.B.No. P.C.No. Location Tel.No GSM No. Fax No. Email Id:	
3.	a) Date and time of occurrence of loss b) Date of discovery of loss c) What were the places between which money was in transit? d) Where did the loss occur? e) By who was the loss reported? (A copy of written statement to be attached)	
4.	a) In whose custody was the money at the time of the loss? b) Who were the other persons accompanying the person carrying The money? c) Did armed guards with fire arms Accompanying the money? How many persons accompanied him?	





5.	Brief details as to the exact circumstances under which the loss occurred	
6.	<ul style="list-style-type: none">a) How was the money carried? (whether in pocket, bag, box etc)b) Whether such bags, boxes etc were securely locked?c) By what conveyance was the money carried?	
7.	<ul style="list-style-type: none">a) What was the total amount of money being carried?b) Was the total amount checked at the time of handling it over to the Messenger?c) Was any acknowledgement received from him?	
8.	What was the amount of loss?	
9.	Has a complaint been made to the police? If so, please attach a copy thereof (If not, this should be done immediately)	
10.	What steps have been taken to recover Lost money?	
11.	<ul style="list-style-type: none">a) When did the employees concerned enter your service?b) Was any one of them involved in a similar loss before?c) Are you satisfied that the version Given by them is correct?d) Are any of them covered under any Fidelity Guarantee policy? If so, give detailse) Do you hold any cash deposit or any Security from them?	
12.	Have you ever before sustained a loss of this nature? If so, give particulars.	
13.	Are there any other insurance upon the same	





	money? If so, give details	
--	----------------------------	--

I/We hereby confirm that the responses and information provided in this form are true and correct. I/We also confirm having noted that any false disclosure of information OR failure to provide adequate disclosure of information shall render this claim invalid.

Place:
Date:

Signature of the Insured

