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MONEY INSURANCE POLICY

Claim Form

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ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

	icy No.	D M Y Y Y Y To D M M Y Y Y
	A. DETAILS OF INSURED/C	LAIMANT
1.	Name as per Policy	S U R N A M E M I D D L E N A M E F I R S T N A M E
2.	Address	Plot No/Door No.
		Road Area
		City Pincode
		State
3.	Contact Details	Phone No. Mobile
		E-mail Id
4.	Brief Description of Business /Office/Industry/Occupation	
5.	Limits of Indemnity under the Policy (Rs.)	
	B. DETAILS OF LOSS/ACCIE	DENT
1.	Date of Loss	D D M M Y Y Y Time of Loss : a.m./p.m.
2.	Loss Location Address	Plot No/Door No.
		Road Area
		City Pincode
		State
3.	Contact Details of person/s	at Loss Location
	Name	S U R N A M E M I D D L E N A M E F I R S T N A M E
	Relationship with Insured	
	Contact Details	Phone No. Mobile Mobile
		E-mail Id
4.	Describe Cause of Loss/Damage	
	2033/Damage	

Corporate & Registered Office: 'Natraj', 101, 201 & 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

WITNESS DETAILS

1.	Were there any witnesses to	the los	s/acci	ident	?													Ye	s		No)						
	If 'Yes',																											
2.	Name as Person/s	SU	JR	Ν	А	Μ	Ε			Μ	I	D	D	L	E N	AN	ΛE			F		R	S	Т	Ν	А	Μ	Ε
3.	Address	Plot N	lo/Do	or N	o. [Buildin	g Narr	ne											
		Road													Area													
		City													Pincod	е												
		State																										
4.	Contact Details	Phone	∍ No.												Mobile													
		E-mai	l Id																									
INF	ORMATION TO AUTHORIT	ΓY																										
1.	Has the loss been reported t	o an A	uthor	ity?														Ye	es		No)						
	If 'No', reason for not reporti	ing																										
	If 'Yes', provide details		Fire] Pol	ice			N	lunio	cipal	ity		Other													
2.	Name of Authority																											
3.	Information Report No./ Authority Reference No.]	Date	D	D N	M	Y	Y	Y	Y	I					
4.	Contact Person/s	Sl	JR	Ν	A	Μ	Е			Μ	I	D	D	L	E N	AN	ΛE			F		R	S	Т	Ν	A	Μ	Е
5.	Address	Plot N	lo/Do	or N	o. [Buildin	g Narr	ne											
		Road													Area													
		City													Pincod	e												
		State																										
6.	Contact Details	Phone	∍ No.												Mobile													
		E-mai	IId																									
	C. DETAILS OF OTHER INS	URAN	CE																									
1.	Is the loss/damage covered u	under o	ny ot	her l	nsure	ance	?											Ye	s		No	1						
	If 'Yes', specify details and attach a copy of the policy																											
2.	Name of Insurer																											
3.	Address	Plot N	lo/Do	or No	o. [Buildin	g Narr	e											
		Road													Area													
		City													Pincod	e												
		State																										
4.	Contact Details	Phone	» No.												Mobile													
		E-mai	I Id		I	I					I		I							·								
5.	Policy No.]													
	Period of Insurance	From	D	D	Μ	Μ	Y	Y	Y	Y]		-	Го		M	M	ΥY	Y	Y]							
	Sum Insured (Rs.)]						-							
		L			-			-							-													

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D. DET	AILS U	гоп	EKINI	EKESI

1.	Is the Insured the Sole Owne	her of the property?						
	If 'No', specify							
2.	Nature of Interest							
3.	Person/s who has/have interest on property							
4.	Address	Plot No/Door No. Building Name						
		Road Area						
		City Pincode						
		State						
5.	Contact Details	Phone No. Mobile						
		E-mail Id						
	E. DETAILS OF MONEY IN	TRANSIT						
1.	Was the Money in Safe or Tr	Transit? Safe Transit						
2.	Money was being carried by	y Self Employee Other (Specify)						
3.	Name of Employee	Employed Since	M M Y Y Y					
4.	Designation	Employee No						
5.	Address	Plot No/Door No.						
		Road Area						
		City Pincode						
		State						
6.	Contact Details	Phone No. Mobile						
		E-mail Id						
7.		under Fidelity Guarantee Policy?						
	If 'Yes' specify							
8.	Name of Insurer							
9.	Address	Plot No/Door No.						
		Road Area						
		City Pincode						
		State						
10	Contact Details	Phone No.						
		E-mail Id						
11.	Policy No.							
12	Period of Insurance	From D M Y Y Y To D D M Y Y Y						
13	Sum Insured (Rs.)							
14	Was the money in conveyan	nce accompanied with armed guard/s?						
	If 'No' state what protection, if any, was provided							
15	How was the money being c	carried (in bags, trunks, chests etc and in how many such (bags, trunks, chests, etc.)?						

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16. State Mode of Conveyance - Own Transport Private Transport Public Transport (specify)							
If Own Transport and Private Transport, No. of persons travelling at the time of incidence and registration no. of the vehicle							
17. Places between which money was in transit?							
From To							
18. Give circumstances leading to loss							
19. Specify the source of money being conveyed							

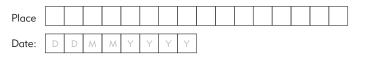
F. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

G. DETAILS OF OTHER INFORMATION	
Do you wish to provide any other information?	Yes No
If 'Yes', specify	
I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the	foregoing statements in every respect; and I/We

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.



Signature of Insured/Claimant

Name of Insured/Claimant

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