

## MONEY INSURANCE POLICY

## Claim Form

Claim Form	
ISSUE OF THIS CLAIM FORM I	s not to be taken as an admission of liability.
If any detail or information is no	ot readily available please do not delay the dispatch of this form and such particulars may be sent later.
Policy No.	Claim No.
Period of Insurance From	D M M Y Y Y Y To D D M M Y Y Y Y
Teriod of historiance Troin	
A. DETAILS OF INSURED/C	LAIMANT
Name as per Policy	
	Dist Nie /Dans Nie
2. Address	Plot No/Door No. Building Name Building Name
	Road Area
	City Pincode
	State
3. Contact Details	Phone No. Mobile
	E-mail ld
4. Brief Description of Business	
/Office/Industry/Occupation	
5. Limits of Indemnity under the Policy (Rs.)	
,	
B. DETAILS OF LOSS/ACCIE	PENT
1. Date of Loss	D D M M Y Y Y Y  Time of Loss : a.m./p.m.
Loss Location Address	Plot No/Door No. Building Name
2. 2555 255d.io/ .da. 655	Road Area
	City Pincode
	State State
3. Contact Details of person/s	
Name	S U R N A M E
Relationship with Insured	
Contact Details	Phone No. Mobile
	E-mail Id
4. Describe Cause of	
Loss/Damage	
5. Estimated Loss (Rs.)	

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WITNESS DETAILS	
1. Were there any witnesses	to the loss/accident?
If 'Yes',	
2. Name as Person/s	S U R N A M E
3. Address	Plot No/Door No. Building Name
	Road Area
	City Pincode
	State State
4. Contact Details	Phone No. Mobile
	E-mail Id
INFORMATION TO AUTHOR	RITY
Has the loss been reported	d to an Authority?
If 'No', reason for not repo	
If 'Yes', provide details	Fire Police Municipality Other
Name of Authority	
3. Information Report No./	Date   D   M   M   Y   Y   Y
Authority Reference No.	
4. Contact Person/s	
5. Address	Plot No/Door No. Building Name
	Road Area
	City Pincode
	State State
6. Contact Details	Phone No. Mobile
	E-mail Id
C. DETAILS OF OTHER IN	SURANCE
1. Is the loss/damage covered	d under any other Insurance?
If 'Yes', specify details and	
attach a copy of the policy	
2. Name of Insurer	
3. Address	Plot No/Door No. Building Name Building Name
	Road Area
	City Pincode
	State State
4. Contact Details	Phone No. Mobile
	E-mail Id
5. Policy No.	
6. Period of Insurance	From D D M M Y Y Y Y TO D D M M Y Y Y Y
7. Sum Insured (Rs.)	

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D. DETAILS OF OTHER IN	NTEREST CONTROL OF THE PROPERTY OF THE PROPERT				
1. Is the Insured the Sole Own	vner of the property?	No			
If 'No', specify					
2. Nature of Interest					
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	N TRANSIT				
1. Was the Money in Safe or 1	Transit? Safe Transit				
Money was being carried b					
Name of Employee	Employee	d Since			
4. Designation	Employee				
5. Address	Plot No/Door No. Building Name				
5. Address	Road Area				
(	State				
6. Contact Details	Phone No. Mobile Mobile				
7 W	E-mail ld				
	d under Fidelity Guarantee Policy?	No			
If 'Yes' specify					
8. Name of Insurer					
9. Address	Plot No/Door No. Building Name				
	Road Area				
	City Pincode				
	State State				
10. Contact Details	Phone No. Mobile				
	E-mail Id				
11. Policy No.					
12. Period of Insurance	From D D M M Y Y Y Y TO D D M M Y Y Y	Υ			
13. Sum Insured (Rs.)					
14. Was the money in conveyance accompanied with armed guard/s?  Yes No					
If 'No' state what protection, if any, was provided					
15. How was the money being carried (in bags, trunks, chests etc and in how many such (bags, trunks, chests, etc.)?					