

WITNESS DETAILS

1. Were there any witnesses to the loss/accident?

Yes No

If 'Yes',

2. Name as Person/s

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

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

4. Contact Details

Phone No. Mobile
E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority?

Yes No

If 'No', reason for not reporting

If 'Yes', provide details

Fire Police Municipality Other

2. Name of Authority

3. Information Report No./
Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

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

5. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

6. Contact Details

Phone No. Mobile
E-mail Id

C. DETAILS OF OTHER INSURANCE

1. Is the loss/damage covered under any other Insurance?

Yes No

If 'Yes', specify details and
attach a copy of the policy

2. Name of Insurer

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
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.)

D. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property? Yes No

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 Transit? Safe Transit

2. Money was being carried by Self Employee Other (Specify) _____

3. Name of Employee _____

Employed Since

4. Designation _____

Employee No. _____

5. Address

Plot No/Door No. Building Name
 Road Area
 City Pincode
 State

6. Contact Details

Phone No. Mobile
 E-mail Id

7. Was the employee covered under Fidelity Guarantee Policy? Yes No

If 'Yes' specify _____

8. Name of Insurer _____

9. Address

Plot No/Door No. Building Name
 Road Area
 City Pincode
 State

10. Contact Details

Phone No. Mobile
 E-mail Id

11. Policy No.

12. Period of Insurance

From To

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.)? _____

