

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

D	D	M	M	Y	Y	Y	Y
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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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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.)? _____

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 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.

Place

Signature of Insured/Claimant _____

Date:

Name of Insured/Claimant _____