



MAGMA
General Insurance Limited

OFFICE PACKAGE INSURANCE POLICY (RETAIL)

Claim Form

Section 4: Money Insurance



Office Package Insurance Policy (Retail)

Section 4: Money Insurance Claim Form

Claim No. _____
Policy No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Magma General Insurance

A. The Insured Risk Code (For office use) _____

Name _____
Address _____
Tel No. _____
Office _____ Mobile _____ email _____
Contact name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance _____ to _____

C. Loss Details

Amount of loss Rs. _____
Date _____ Time _____
_____ am/pm
Date/Time Discovered _____ By whom _____
Location/Address of Loss _____
Premises occupied as _____
Where was the cash kept _____
Describe fully circumstances of Loss, how it happened, what caused the Loss _____

Is the loss reported to Police Yes No

If yes, attach copy of FIR.

If not, why not?

In case loss is due to money-in-transit:

Total Amount of money carried _____

Places between which the money was in transit _____

How was the money being carried _____

In whose custody was the money at the time of loss, name & designation of the employee _____



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What means of transport were used by the employee carrying the money _____

Was an armed guard accompanying the employee carrying the money Yes No

When and where did the loss occur _____

Describe circumstances of the loss in detail _____

D. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage

E. Details of previous losses, if any _____

F. General

Are the employees carrying Money covered under a Fidelity Guarantee policy? If yes, provide policy details _____

Is the loss due to fraud/dishonesty of the money carrying employee Yes No

If yes, how long was the money with the employee _____

Any steps taken to prevent future recurrence

Yes No

If yes, please provide details (attach separate sheet if required) _____

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : _____

Date : _____

Company's stamp

Documents to be attached: