

## 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 MHDI.*

#### 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 \_\_\_\_\_

What means of transport were used by the employee carrying the money \_\_\_\_\_

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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

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**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: