

MONEY INSURANCE POLICY (RETAIL) CLAIM FORM



Money Insurance Policy (Retail) Claim Form

Claim 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 : From _____ 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 : _____

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 :