

Money Insurance Claim Form

(Issuance of this form does not imply acceptance of the liability)

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Claim No:		Policy No:
1	a) Name of the Insured b) Customer ID No c) Address d) Business	a) b) c) d)
2	a) Date and time of occurrence of loss b) Date of discovery of loss c) What were the places between which money was in transit? d) Where did the loss occur? e) By whom was the loss reported? (A copy of written statement to be attached)	
3	a) In whose custody was the money at the time of the loss? b) Who were the other persons accompanying the person carrying the money? c) Did armed guards with fire arms accompanying the money? d) How many persons accompanied him?	
4	Brief details as to the exact circumstances under which the loss occurred	
5.	a) How was the money carried? (whether in pocket, bag, box etc) b) Whether such bags, boxes etc were securely locked? c) By what conveyance was the money carried?	
6	a) What was the total amount of money being carried? b) Was the total amount checked at the time of handing it over to the messenger? c) Was any acknowledgement received from him?	
7	What was the amount of loss?	
8	Has a complaint been made to the police? If so, please attach a copy thereof. (If not, this should be done immediately)	

RELIANCE General Insurance

Anil Dhirubhai Ambani Group

9	What steps have been taken to recover lost money?	
10	a) When did the employees concerned enter your service? b) Was any one of them involved in a similar loss before? c) Are you satisfied that the version given by them is correct? d) Are any of them covered under any Fidelity Guarantee Policy? If so, give details. e) Do you hold any cash deposit or any security from them?	
11	Have you ever before sustained a loss of this nature? If so, give particulars.	
12	Are there any other insurance upon the same money? If so, give details.	

I/We hereby declare that the above statements are true and correct in every respect.

Date;

Place:

Signature of the Insured
