



## **The New India Assurance Company Limited**

Head Office: 87, M G Road, Fort, Mumbai-400001

### **MONEY INSURANCE CLAIM FORM**

#### **ANSWER ALL QUESTIONS AND FULLY**

Policy No. C.T. \_\_\_\_\_ D. O. / Unit \_\_\_\_\_ Claim No. \_\_\_\_\_

1. Name of Insured (in full) \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Occupation: \_\_\_\_\_
4. a. When was the loss discovered? (Give time & date). \_\_\_\_\_  
b. What were the places between which money was in transit? \_\_\_\_\_  
c. How and where did the loss occur? \_\_\_\_\_  
d. What was the amount being carried? \_\_\_\_\_
5. In whose custody was the money at the time of loss? \_\_\_\_\_
6. Were the persons conveying the money accompanied by an armed guard? If not, state what protection if any, was provided? \_\_\_\_\_
7. How was the money being carried? (i.e. whether in bags trunks, etc, and in how many of them) \_\_\_\_\_
8. What means of transport was being used by the persons conveying the money?  
\_\_\_\_\_

9. Give the circumstances of the loss or damage (full particulars must be given).  
\_\_\_\_\_

10. What is the amount of loss? \_\_\_\_\_

11. Have you informed the policy authorities? If so when and where? \_\_\_\_\_

12. What steps have been taken to recover the lost money? \_\_\_\_\_

13. Were the persons conveying the money covered under Fidelity Guarantee Policy / Policies? If so, for what sums and with which office/s? \_\_\_\_\_

14. Are there any other insurance upon the same money? If so, give full particulars.  
\_\_\_\_\_

15. Have you ever before sustained loss of the same nature? If so give particulars.  
\_\_\_\_\_

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 have made, or in any further declaration in company may require in respect of the said loss shall make any false or fraudulent statement or any suppression or concealment my/our claim shall be absolutely forfeited and the Policy shall thenceforth be null and void.

Witness \_\_\_\_\_  
(Signature)

Insured's Signature \_\_\_\_\_

Name \_\_\_\_\_

Date: \_\_\_\_\_

Date \_\_\_\_\_