



Insured's Claim Ref No:

Claim Form: Crime Insurance

(Notification of claim or circumstance out of which a claim may arise)

The issuance of this form is not to be taken as an admission of liability. As soon as any incident is known, the incident must be notified to the Insurance Company immediately. The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given, they may be forwarded to the Company afterwards as soon as possible.

Important Notice

- Please read the Claim form fully before answering the questions.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.

SECTION 1: DETAILS OF THE INSURED

Full Name of the Insured :
Address of the Insured: Postcode :
Contact person :
Telephone No :
Fax No :
Email :

SECTION 2: POLICY DETAILS

1. Policy Number :
Policy Period :
2. Is there any other insurance that may be applicable to this notification? Yes [___] No [___]
If YES, please provide the following details :

Policy Holder :
Insurer :
Type of Insurance :
Period of Insurance :
3. Has the matter been notified to that insurer? Yes [___] No [___]

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

SECTION 3: DETAILS OF THE CLAIM OR CIRCUMSTANCE

1. Do you know the identity of the alleged perpetrator? Yes [____] No [____]
If you answered YES, please provide details of their name, address, position, dates of employment etc..

2. Has the alleged perpetrator admitted to the fraud/embezzlement etc.? Yes [____] No [____]
If you answered YES, has the alleged perpetrator arranged to pay back the entire loss or part of the loss?

3. Has the matter been reported to the police? Yes [____] No [____]
4. Please provide a chronology of events which led to the discovery of the loss.

5. Please provide a description of how the crime was committed.

6. Please provide affirmative proof that you have sustained a loss.
Affirmative proof can include but is not limited to:

- Police reports;
- Loss assessor's reports;
- Audit reports;
- Statements from witnesses;
- Internal investigation reports;
- Any signed confessions;
- Account statements;
- Receipts;
- Invoices;
- Cheque requisitions;
- Cheques;
- Money orders;
- Cash receipts

7. On what date was the loss discovered?

8. What is the amount of the loss?

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9. If the exact amount is not yet known, please provide an estimate of the amount of the loss?

10. Do(es) this/these person/persons had any history of such act?, if yes, please provide the details of such act

SECTION 4: DETAILS OF THE INSURED'S RESPONSE

1. What are your comments in response to the claim or the fact or circumstance that may give rise to a claim?

2. Are there any other parties which may have contributed to the claim or circumstances which may give rise to a claim?

Yes []

No []

If you answered YES, please provide details:

3. What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any to the claimant?

4. Are there any additional details about which you wish to advise, or which may be of interest to IFFCO-TOKIO, so that IFFCO-TOKIO will have a better understanding of this matter? Yes [] No []

If you answered YES, please provide details along with supporting documents:

SECTION 5: RETAINER OF INVESTIGATOR/ASSESSOR

1. Have you retained an investigator/assessor to determine further particulars of the theft? Yes [], No []

If you answered YES, please provide details of their name, firm, address and charge rates together with a copy of the retainer agreement:

SECTION 6: LIST OF DOCUMENTS ATTACHED

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

SECTION 7: DECLARATION

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 agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Authorized Signatory (Name) _____

Signature & Stamp _____