

ADDRESS OF ISSUING
OFFICE

ITGI/TSP/04



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

MONEY INSURANCE CLAIM FORM

(The issue of this form does not constitute admission of liability. Please return the form completed within Fourteen days of the loss together with the relevant vouchers etc.)

Claim No.....

Policy No.....

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| 1.(a) Name of Insured (in full) (b) Address © Business | (a) (b) © |
| 2.(a) Date and time of occurrence of loss. (b) Date of discovery of loss. © 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). | (a) (b) © (d) (e) |
| 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? ©Did armed guards with fire arms accompanying the money? (d) How many persons accompanied him? | (a) (b) © (d) |
| 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? © By what conveyance was the money carried? | (a) (b) © |
| 6.(a)What was the amount of money being carried? (b) Was the total amount checked at the time of handing it over to the messenger? © Was any acknowledgement received from him. | (a) (b) © |
| 7. What was the amount of loss? | |
| 8. Has a complaint been made to the Police? If so, attach a copy thereof, If not, this may be | |

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| done immediately. | |
| 9. What steps have been taken to recover the lost money? | |
| 10. (a) When did the employee concerned enter your service? (b) Was any one of them involved in a similar loss before? © Are you satisfied 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 other security from them? | (a) (b) © (d) (e) |
| 11. Have you ever before sustained a loss of this nature? If so give particulars | |
| 12. Are there any other insurances upon the same money? If so, give particulars. | |
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I/We hereby declare that the foregoing particulars are true and correct in every respect.

Place:
Date

Signature of Insured.