

NOTIFICATION OF MONEY INSURANCE CLAIM

Agent / Broker Claims No. : _____

No. of Insurance Policy

Day of loss, <input style="width: 140px; height: 20px;" type="text"/> Date <input style="width: 140px; height: 20px;" type="text"/> Time <input style="width: 140px; height: 20px;" type="text"/>	Location of the claim (full address) <input style="width: 460px; height: 20px;" type="text"/> <input style="width: 460px; height: 20px;" type="text"/> <input style="width: 460px; height: 20px;" type="text"/> <input style="width: 460px; height: 20px;" type="text"/>
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Name of Insured (Complete in BLOCK LETTERS)

Street and House No.

Postal Code, Location

Phone Fax No.

E-mail _____

Cause of loss (Please give a brief description)

Amount of lost or stolen money	Rs.
Was the loss reported to the police ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Case No. <input style="width: 150px; height: 20px;" type="text"/> If no, Why ?
Has the perpetrator been caught by the police ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When were you aware of the loss ?	

Are there any other insurances upon the same property ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please mention policy no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> insurance company
Have you ever before sustained loss of the same nature ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give a brief description.	

I/ we the above named being insured under the above policy do hereby declare and set forth that at or about _____ o'clock a.m./p.m. on the _____ day of _____ 20_____ a loss occurred as described above involving an amount of Rs. _____ and I/we do further declare that it is not otherwise insured against burglary with this or any other office, except as above stated

Witness my hand this _____ day of _____ 20_____

Witness _____

Occupation _____

Address _____

Signature of the Insured

Additional Space for Details:

Documentation (only for company staff)

Agreement with the Insured

Quantum of loss/ reserve