

MONEY INSURANCE POLICY **CLAIM FORM**

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

ey Number																							
m Number																							
/B.O																							
SURED DETA	ILS																						
Name of the Pro	poser (in fu	ıll):			•											•						
Address of the P	ropose	r:		ı		1											ı	ı .		I		T .	1
																							-
g, ,															<u> </u>		<u> </u>						-
State															Pin	1 coc	le						-
Mobile										Lan	dline	:			1								
Email															1								
							ı				1	- 1											
pdated in abov					1y) w	vill b	pe dis	spate	ched	to t	he ad	ldres	s me	ntior	led a	bove	 e. Th	nis a	nddr	ress	 will	pe	
*Please note that updated in above Bank Details: Bank Name Branch					ny) w	vill b	pe dis	spate	ched	l to t	he ad	ldres	s me	ntion	ned a	bovo	e. Th	nis a	nddr	ress	 will	De .	
*Please note that updated in above Bank Details: Bank Name Branch Type of A/c						vill t	oe dis	spate	ched	l to t	he ad	ldres	s mer	ntion	ned a	bove	e. Th	nis a	nddr	ress	will l	be	
Please note that updated in above Bank Details: Bank Name Branch Type of A/c Pan No							oe dis	spate	ched	l to t	he ad	ldres	s me	ntior	ned a	bovo	e. Th	nis a	nddr	ress	will l	De	
*Please note that updated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC							pe dis	spate	ched	l to t		ldres		ntion	ned a	bove	e. Th	nis a	nddr	ress	will l	De	
Please note that updated in above Bank Details: Bank Name Branch Type of A/c Pan No							pe dis	spate	ched	l to t				ntion	ned a	bovo	e. Th	nis a	addr	ess	will I	Doe	
Please note that applicated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code	e ment						pe dis	spate	ched	l to t				ntior	aed a	bovo	e. Th	nis a	addr	eess	will 1	De	
*Please note that updated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code	e ment						oe dis	spate	ched	l to t				Intior	aed a	bovo	e. Th	nis a	nddr	ess	will 1	Doe	
*Please note that updated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code	e ment	ionec	d pol	licy.			oe dis	spate	ched	l to t				l	ed a	bove	e. Th	nis a	nddr	ess	will 1	j De	
*Please note that pdated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code	e ment	ionec	d pol	eed?	A/d	e no					MI	CRC	ode								will 1		
FPlease note that pdated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code ETAILS OF LO	SS e Loss	disco	overe	eed?	A/0	D D	M	M	Y			CRC		H	ed a	bove			addr		will 1	Doe	
*Please note that pdated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code ETAILS OF LO	SS e Loss	disco	overe	eed?	A/0	D D	M	M	Y		MI	CRC	ode								will 1	Doe	
*Please note that updated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code ETAILS OF LO . When was the	SS e Loss	disco	overe	eed?	A/d	D ey w	M M	M	Y Y	?	MI	CCR c	oode	H	M	M	A				will 1	Doe	
*Please note that updated in above Bank Details: Bank Name Branch Type of A/c Pan No IFSC Code ETAILS OF LO . When was the	SS e Loss ces bet	disco	overed and when the state of th	ed?	A/d	D ey w	M	M	Y Y	?	MI	CR c	ode	H	M	M	A				will 1	Doe	



5.	Who was in custody of money at the time of loss?
6.	When did the concerned employees enter your service?
7.	Is anyone of them involved in similar losses before?
8.	Do you hold any cash deposit or any other security from them?
Ι	DETAILS OF TRANSIT
9.	Were the persons carrying money accompanied by an armed guard? If not, state what protection if any, was provided?
10.	How was money being carried? (i.e. whether in bags, boxes trunks, etc, and in how many of them)
11.	Whether such bags, boxes, trunks securely locked/closed?
12.	What means of transport was used by the persons carrying money?
I	DETAILS OF LOSS AMOUNT
13.	Give the circumstances of the loss or damage (full particulars must be given).
14.	What is the total amount of loss?
15.	Was the total amount checked at the time of handing over to the messenger?
16.	Was any acknowledgement received from him? If not then please provide reasons for the same.
N	MISCELLNEOUS INFORMATION
17.	Have you informed the policy authorities? If YES, the please provide details of when and where?
18.	Please provide the Case. No in case police authority is informed
19.	Is the perpetrator caught by Police?
20.	What steps have been taken to recover lost money?



41.	insured and insurer details
22.	Are there any other insurance upon the same money? If YES, give full particulars.
23.	Have you ever before sustained losses of the same nature? If YES, give particulars.
DI	ECLARATIONS
info	We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In event above ormation or any part thereof is found incorrect, I/We agree that all rights under the policy will be fortified. I/We also ee to provide additional information to the company, if required.
Dat	e: Proposer Signature:



Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287. Regd. and Corp. Office: 801 and 802, 8th Floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Call us at: 1800-220-233 /

1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900 Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license. Claim Form_ Money Insurance Policy UIN:(IRDAN132RP0014V02200708)