

UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

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.

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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 _____