

# **MONEY INSURANCE POLICY (RETAIL) CLAIM FORM**

## Money Insurance Policy (Retail) Claim Form

Claim No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by Magma General Insurance Limited.*

### A. The Insured

Risk Code (For office use) : \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. – Office : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_

Contact Name : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_

### B. Policy Details

Policy No.: \_\_\_\_\_

Period of Insurance : From \_\_\_\_\_ to \_\_\_\_\_

### C. Loss Details

Amount of loss : Rs. \_\_\_\_\_

Date : \_\_\_\_\_

Time : \_\_\_\_\_ am/pm

Date/Time Discovered : \_\_\_\_\_ By whom : \_\_\_\_\_

Location/Address of Loss : \_\_\_\_\_  
\_\_\_\_\_

Premises occupied as : \_\_\_\_\_

Where was the cash kept : \_\_\_\_\_

Describe fully circumstances of Loss, how it happened, what caused the Loss : \_\_\_\_\_  
\_\_\_\_\_

Is the loss reported to Police : **Yes**  **No**   
If yes, attach copy of FIR.  
If not, why not?

In case loss is due to money-in-transit: : \_\_\_\_\_

Total Amount of money carried : \_\_\_\_\_

Places between which the money was in transit : \_\_\_\_\_

How was the money being carried : \_\_\_\_\_

In whose custody was the money at the time of loss, name & designation of the employee :  
\_\_\_\_\_

What means of transport were used by the employee carrying the money : \_\_\_\_\_  
\_\_\_\_\_

Was an armed guard accompanying the employee carrying the money : **Yes**  **No**

When and where did the loss occur : \_\_\_\_\_

Describe circumstances of the loss in detail : \_\_\_\_\_

#### **D. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage : \_\_\_\_\_  
\_\_\_\_\_

**E. Details of previous losses, if any; :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **F. General**

Are the employees carrying Money covered under a Fidelity Guarantee policy?

If yes, provide policy details : \_\_\_\_\_

Is the loss due to fraud/dishonesty of the money carrying employee : **Yes**  **No**

If yes, how long was the money with the employee \_\_\_\_\_

Any steps taken to prevent future recurrence : **Yes**  **No**

If yes, please provide details (attach separate sheet if required) : \_\_\_\_\_

**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : \_\_\_\_\_

Date : \_\_\_\_\_

Company's stamp :

Documents to be attached :