

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

Regd. Office: ICICI Bank Towers, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051

CLAIM FORM FOR MONEY INSURANCE

(The issue of this form is not to be taken as an Admission of Liability)

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
(i)	Name	
(ii)	Address for Correspondence	
(iii)	Contact No.	
2.	Did the loss occur when the money was kept in safe or whilst in transit?	
(i)	If in Safe:	
(a)	Name of the location(s) and details	
(b)	In whose custody were the Safe keys?	
(c)	Total amount of money in safe at the time of loss.	
(ii)	If in Transit:	
(a)	Name of the location(s) and details	
(b)	Places between which money was in transit	
(c)	How & where did the loss occur?	
(d)	What was the amount carried?	

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3.	In whose custody was the money at the time of loss?	
4. (i)	Was the money carried with an armed guard?	Yes/ No
(ii)	Any other protection provided?	
5.	How was the money being carried	
6.	Means of transport	
7.	Give the circumstances of loss	
8.	What is the amount of loss?	
9.	Have you informed the Police Authorities? Provide details of the FIR No. & name of the Police Station.	
10.	Steps taken to recover the lost money	
11.	Whether any employee(s) has/have been involved in the incident? If so, the details of the action taken against him/ them like Police complaint, Departmental enquiry etc.(Please attach copies of documents)	
12.	Is there any other insurance upon the same money? If so give full particulars.	
13.	Have you ever before sustained loss of the same nature?	
14.	Whether persons carrying money were covered under Fidelity Guarantee policy? If yes, details of the policy & issuing office.	
15.	Any other information relevant to	

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	processing of claim	
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I /We hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me/us in this claim form are true, correct and complete.
- (b) The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- (c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- (d) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- (e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

(f)

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Place :

Date :

Signature of the Insured