

Reliance Money Insurance Policy Claim Form

Issuance of this form does not imply acceptance of the liability

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No. [] Claim No. []

Date of Registration [d | d | m | m | y | y | y | y]

Area Office Code/Service Centre Code []

Broker/Agent Name [] Code []

1. Name of the Insured []

2. Customer ID []

3. Address of the Insured

Plot No./Door No. [] Building name []

Road []

Area []

City [] Pin Code []

State []

Phone No. []

E-mail Id [] PAN No. []

4. Business []

5. a) Date and time of occurrence of loss: Date: [d | d | m | m | y | y | y | y] Time: [h | h | m | m] AM / PM

b) Date of discovery of loss [d | d | m | m | y | y | y | y]

c) What were the places between which money was in transit?

[]

d) Where did the loss occur?

[]

e) By whom was the loss reported?
(A copy of written statement to be attached)

[]

6. a) In whose custody was the money at the time of the loss?

[]

b) Who were the other persons accompanying the person carrying the money?

[]

c) Did armed guards with fire arms accompanying the money? Yes No

d) How many persons accompanied him?

[]

7. Brief details as to the exact circumstances under which the loss occurred

8. a) How was the money carried? (whether in pocket, bag, box etc)

b) Whether such bags, boxes etc were securely locked? Yes No

c) By what conveyance was the money carried?

9. a) What was the total amount of money being carried?

b) Was the total amount checked at the time of handing it over to the messenger? Yes No

c) Was any acknowledgement received from him? Yes No

10. What was the amount of loss?

11. Has a complaint been made to the police? Yes No

If so, please attach a copy thereof. (If not, this should be done immediately)

12. What steps have been taken to recover lost money?

13. a) When did the employees concerned enter your service?

b) Was any one of them involved in a similar loss before? Yes No

c) Are you satisfied that the version given by them is correct? Yes No

d) Are any of them covered under any Fidelity Guarantee Policy? If so, give details

e) Do you hold any cash deposit or any security from them? Yes No

14. Have you ever before sustained a loss of this nature? Yes No

If so, give particulars

15. Are there any other insurance upon the same money? Yes No

If so, give details

16. Bank Details

Would you like to opt for NEFT payment?

Yes No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

A/C Holder Name as in Bank Record

City State

Account No

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

I/We hereby declare that the above statements are true and correct in every respect

Date:

Place:

Signature of Insured

Insurance is a subject matter of solicitation. IRDA Registration No. 103.