

**BANKERS INDEMNITY – SOOKSHMA UDYAM**  
**CLAIM FORM**

Insuring Office (Address)

.....  
.....

Telephone No.....

Claim Sr. No.....

Policy No.....

Period of Insurance.....

Claim No.....

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

Please Answer all Relevant Questions Fully.

|   |                                     |
|---|-------------------------------------|
| Insured's Particulars:  | Name .....                          |
|   | Address for Correspondence<br>..... |
|   | Telephone .....                     |
|   | Profession / Occupation<br>.....    |
| Full address of Bank's premises in respect of which the claim is lodged:<br>The claim pertains to losses covered under : PI tick the relevant Section:  |                                     |
| I. Loss of Money and Securities<br>II. Fire and Allied Perils-Building & Contents<br>III. Burglary<br>IV. Plate Glass and Neon/Glow Sign Board<br>V. Electronic Equipment Insurance<br>VI. Personal Accident<br>VII. Public Liability |                                     |
| Is the loss whilst the money/securities were in transit. Please give details of the loss  |                                     |
| Is the alleged loss due to Burglary, theft, infidelity of the employee or any other reason? Please specify:   |                                     |
| Is the loss due to forgery/Alteration. Please give details  |                                     |
| Provide details in respect of losses due to hypothecated goods, registered postal sending, appraisers.  |                                     |
| If the loss is due to infidelity of the employee, please state the exact nature of irregularity:  |                                     |
| On what date and between what hour was the felony committed:  |                                     |
| Please state when and under what circumstances the discovery took place or the suspicion was aroused:   |                                     |
| (a) What is the quantum of loss   |                                     |
| (b) When did it take place  |                                     |
| (c) When was it discovered  |                                     |
| (d) Employee Particulars(required where employee in involved)   |                                     |
| 1. In what capacity was the employee acting at the time of loss   |                                     |
| 2. On what date were his accounts last checked and found incorrect by auditors  |                                     |
| 3. Has the prosecution been instituted. If so, on what date   |                                     |

|   |  |
|---|--|
| 4. Has the employee been suspended or dismissed. If so, on what date  |  |
| 5. What salary or commission was then due to him. Has it been realised.   |  |
| 6. Has the employer got any other security or guarantee from the employee   |  |
| 7. How many years was the employee in your service.   |  |
| 8. Has any departmental enquiry made against the employee. If so, what has been the outcome of this enquiry   |  |
| 9. Has the police been informed. Please give the name of the Police Station   |  |
| 10. Amount of loss  |  |
| 11. Is there any other policy in force in respect of the risk from which the loss is alleged. Give the number of policy, name of the company and its underwriting office. |  |
| 12. Did you seek the assistance of reliable handwriting expert to satisfy yourselves that the signature was actually false and was not genuine                            |  |
| 13. Any other relevant particulars that you wish to give.   |  |

**For Claims pertaining to Sections other than Section 1, the Claim form for corresponding cover is to be used.**

**Declaration**

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.

2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.

3. I/We have read and understood the privacy policy of the Company at [www.universalsompo.com](http://www.universalsompo.com) and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.

4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.

5. I/We declare that 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. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.

6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date:

Signature of Insured