Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. & Corporate Office: 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City Off Western Express Highway, Goregaon East, Mumbai 400063.

MONEY INSURANCE (RETAIL) - CLAIM FORM

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

If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy No._____ Claim No. _____

A. INSURED

Name _____

Address line 1 _____ City_____ Pin Code_____

Address line 2 _____ State_____

Phone No. _____ Mobile No._____ Email _____

Business/Occupation _____ Period of Insurance From __/__/____ To__/__/____

Limits of Indemnity under the Policy_____

B. DETAILS OF LOSS

Date of Loss __/__/____ Time _____ AM / PM

LOSS LOCATION

Address line 1 _____ Address line 2 _____

_____ City _____

_____ State_____ Pin Code_____ Phone No._____

_____ Mobile No._____ Email_____ Describe cause of Loss/Damage__

_____

_____

Estimated Loss (Rs.) _____

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? ☐ Yes ☐ No	Have any authority been informed about Accident / Loss? If "Yes", specify ☐ Yes ☐ No
If "Yes", specify	Name of the Authority __ Contact Person
Name of the witness _ Address line 1	_____ Authority reference no. _____
_____ Address line 2	Address line 1 _____
City _____	Address line 2
State _____	City_____ State_____
Pin Code _____	Pin Code _____
Phone No. _____	Phone No._____ Mobile No._____
Mobile No. _____	Email _____
Email _____	

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy ☐ Yes ☐ No

Name of the Insurer _____

Address line 1 _____

Address line 2 _____

City _____ State_____ Pin Code _____

Phone No. _____ Mobile No. _____

Policy No. _____ Email_____

Period of Insurance From _ _/_ _/_ _ _ _ To _ _/_ _/_ _ _ _ Amount of Insurance _____

UIN - IRDAN134RP0026V01202223

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details ☐ Yes ☐ No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF MONEY IN TRANSIT

Money was being carried by ☐ Self ☐ Employee

If carried by Employee, give details

Name of Employee _____ Employed since _____ Address line 1 _____ Address line 2 _____

City _____ Pin Code _____ State _____ Phone no. _____

Designation of Employee _____

Was the employee covered under Fidelity Guarantee Policy ☐ Yes ☐ No
If "Yes", please attach a copy of the Policy with this claim form and furnish below details

Name of Insurer _____ Policy No. _____

Period of Insurance from __/__/_____ to __/__/____ Sum Insured _____

Was the money in conveyance accompanied with an armed guard? ☐ Yes ☐ No
If not, state what protection, if any, was provided _____

How was the money being carried? _____
(whether in bags, trunks etc., and in how many of them?)

Whether money conveyed in a ☐ Public Transport ☐ Private Vehicle
If private vehicle, number of persons traveling at the time of incidence & registration number _____

Places between which money was in transit? From _____ to _____

Give circumstances leading to loss _____

Give the source of money being conveyed _____

F. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If "Yes", specify _____

This is an Internal document.

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 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: **Signature:**

Date: **Name of Insured:**

Toll free: 1-800-22-4030. Helpline: 022-26748600.

Email: contactclaims@universalsompo.com