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### MONEY INSURANCE - 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
<b>LOSS LOCATION</b>			
Address line 1	_____		Address line 2 _____
_____	City	_____	
_____ State _____	Pin Code _____	Phone No. _____	
_____ Mobile No. _____	Email _____	Describe cause of Loss/Damage _____	
_____	_____		
Estimated Loss (Rs.)	_____		
<b>WITNESS DETAILS</b>		<b>INFORMATION TO AUTHORITY</b>	
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", specify		Accident / Loss? If "Yes", specify	
Name of the witness _____ Address line 1 _____		Name of the Authority _____ Contact Person _____	
_____ Address line 2 _____		_____ Authority reference no. _____	
City _____		Address line 1 _____	
State _____		Address line 2 _____	
Pin Code _____		City _____ State _____	
Phone No. _____		Pin Code _____	
Mobile No. _____		Phone 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

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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:

Signature:

Date:

Name of Insured:

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

Email: [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com)