

This is an Internal document.

## 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 Accident / Loss? If "Yes", specify <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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 _____

This is an Internal document.

#### 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.

This is an Internal document.

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)