

## CLAIM FORM FOR MONEY IN TRANSIT INSURANCE POLICY

Notification of Physical Loss or Damage

**(The issue of this form is not to be taken as an Admission of Liability)**

Office Address:	Policy No : _____
	Period of Insurance : _____
	Date of Accident : _____
	Claim Number : _____

**PLEASE ANSWER ALL QUESTIONS FULLY**

1.	Details of the Insured	
i)	Name	(i) _____
ii)	Address for correspondence	(ii) _____
iii)	Contact Number	(iii) _____
2.	Business Occupancy	_____
3.	Date of Loss	_____
4.	Time of Loss	_____
5.	Brief details as to the exact circumstances under which the loss occurred	_____
5.	When was the loss discovered and by whom?	_____
6.	Amount of loss	_____
7.	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?	_____
	d) How many persons accompanied him?	_____
8.	a) How was the money carried? (whether in pocket, bag, box etc)	_____

Claim Form – Money in Transit Insurance

**Liberty General Insurance Limited**, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0037V01201213

	b) Whether such bags, boxes etc were securely locked?	
	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?	
	c) Was any acknowledgement received from him?	
10.	Has a complaint been made to the police? If so, please attach a copy thereof. (If not, this should be done immediately)	
11.	What steps have been taken to recover lost money?	
12.	a) When did the employees concerned enter your service?	
	b) Was any one of them involved in a similar loss before?	
	c) Are you satisfied that the version given by them is correct?	
	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?	
13.	Have you ever before sustained a loss of this nature? If so, give particulars.	
14.	Are there any other insurance upon the same money? If so, give details.	

**Declaration by Insured:**

I/We hereby agree, affirm and declare that:

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- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. 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. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.
- e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

**Date:**

**Place:**

**Signature of Insured**

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