



Universal Sampo General Insurance Co. Ltd.

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

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

MONEY IN TRANSIT 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify	Have any authority been informed about Accident / Loss? If "Yes", specify <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the witness _____	Name of the Authority _____
Address line 1 _____	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 _____

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 _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

Signature:

Date:

Name of Insured: