



# OFFICE PACKAGE INSURANCE POLICY (RETAIL)

## Claim Form

### Section 4: Money Insurance

## Office Package Insurance Policy (Retail)

### Section 4: Money Insurance Claim Form

Claim No. \_\_\_\_\_  
Policy No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by Magma General Insurance*

#### A. The Insured

Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No.

Office \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Contact name \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

#### B. Policy Details

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

#### C. Loss Details

Amount of loss Rs. \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_  
am/pm

Date/Time Discovered \_\_\_\_\_ By whom \_\_\_\_\_

Location/Address of Loss \_\_\_\_\_

Loss \_\_\_\_\_

Premises occupied as \_\_\_\_\_

Where was the cash kept \_\_\_\_\_

Describe fully circumstances of Loss, how it happened, what caused the Loss \_\_\_\_\_

Is the loss reported to Police Yes  No

If yes, attach copy of FIR.

If not, why not?

In case loss is due to money-in-transit:

Total Amount of money carried \_\_\_\_\_

Places between which the money was in transit \_\_\_\_\_

How was the money being carried \_\_\_\_\_



In whose custody was the money at the time of loss, name & designation of the employee \_\_\_\_\_

What means of transport were used by the employee carrying the money \_\_\_\_\_

Was an armed guard accompanying the employee carrying the money Yes  No

When and where did the loss occur \_\_\_\_\_

Describe circumstances of the loss in detail \_\_\_\_\_

#### **D. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage  
\_\_\_\_\_

#### **E. Details of previous losses, if any** \_\_\_\_\_

#### **F. General**

Are the employees carrying Money covered under a Fidelity Guarantee policy? If yes, provide policy details \_\_\_\_\_

Is the loss due to fraud/dishonesty of the money carrying employee Yes  No

If yes, how long was the money with the employee \_\_\_\_\_

Any steps taken to prevent future recurrence

Yes  No

If yes, please provide details (attach separate sheet if required) \_\_\_\_\_

#### **DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : \_\_\_\_\_

Date : \_\_\_\_\_

Company's stamp



Documents to be attached: