

MONEY INSURANCE - CLAIM FORM

Issuance of this form does not imply acceptance of the liability.

Please return the completed form within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy Number		Claim Number	
Date of Registration	DD / MM / YYYY	Area Office Code/ Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms.	FIRST MIDDLE LAST
2. Customer ID		
3. Address of the Insured		
Plot No./Flat No.	Building Name	
Road	Area	
City	State	
Pin Code	Phone Number	
Mobile Number		
Email ID		
UID Aadhar No.	PAN No.	
Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline)		
4. Do you have a GST Registration Number	☐ Yes ☐ No	
If Yes, please specify		
Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others	
Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above	
5. Business		

SECTION 2 - DETAILS OF LOSS

6. a) Date and time of occurrence of loss:	Date DD / MM / YYYY	Time HH / MM AM / PM
b) Date of discovery of loss	DD / MM / YYYY	
c) What were the places between which money was in transit?		
d) Where did the loss occur?		
e) By whom was the loss reported? (A copy of written statement to be attached)		



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 accompany the money?	☐ Yes ☐ No
d) How many persons accompanied him?	
8. Brief details of the exact circumstances under which the loss occurred	
9. a) How was the money carried? (whether in pocket, bag, box etc)	
b) Whether such bags, boxes etc were securely locked?	☐ Yes ☐ No
c) By what conveyance was the money carried?	
10. 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?	☐ Yes ☐ No
c) Was any acknowledgement received from him?	☐ Yes ☐ No
11. What was the amount of loss?	
12. Has a complaint been made to the police?	☐ Yes ☐ No
If so, please attach a copy thereof. (If not, this should be done immediately)	
13. What steps have been taken to recover lost money?	
14. a) When did the employees concerned enter your service?	
b) Was any one of them involved in a similar loss before?	☐ Yes ☐ No
c) Are you satisfied that the version given by them is correct?	☐ Yes ☐ No
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?	☐ Yes ☐ No
15. Have you ever before sustained a loss of this nature?	☐ Yes ☐ No
If so, give particulars	
16. Are there any other insurance upon the same money?	☐ Yes ☐ No
If so, give details	



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IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Money Insurance. UIN: IRDAN103RP0016V01200102 / IRDAN103CP0032V01201920. IGI/MCOM/CO/MI-04/CF/VER.1.0/270426.



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SECTION 3 - BANK DETAILS

Would you like to opt for NEFT payment?

☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

 A/C Holder Name as in Bank
Record

City

State

Account No

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured

Registered & Corporate Office Address

IRDAI Registration No. 103, IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance), Registered & Corporate Office: 6th Flr., Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063.

For assistance call (022) 4890 3009 (Paid)


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