HDFC ERGO GENERAL INSURANCE

MONEY INSURANCE CLAIM FORM

The completed claim form should be returned to the Company within 7 days of its receipt.
The Company does not admit liability by Issuing this form.

1.	Insured's name and address	
2.	Occupation & Business Address	
3.	Where did the Loss occur?	
4.	Date, day and time of Loss	
5.	When was the loss discovered and by whom?	
6.	Full circumstances of the loss	
7. (a)	Amount of Loss	
(b)	Under what Item of the Policy Schedule does this loss fall to be dealt	
8.	If loss occurred in Insured's premises, were they at that time occupied for business purposes.	
9.	If loss occurred whilst premises were closed:	
(a)	Was the cash secured in locked safe?	
(b)	Was there evidence of forcible entry or exit?	
10.(a)	When send where was the cash being conveyed?	

(b)	By whom?	
(c)	Who was responsible for the cash at the time of loss?	
(d)	In whose employment were the above parties and is there any Fidelity Guarantee Insurance covering them?	
(e)	To whom and by whom was a receipt last given in respect of the cash lost?	
11.(a)	When were the Police notified and at what Station?	
(b)	What is the result of their Investigation and has any cash been recovered? (Please submit as soon as possible copy of the Police Report)	
12.	Have you ever before sustained loss of this nature?	
13.	Are you Insured against the present loss under any other Policy?	

We declare that the foregoing statements are true to the best of our knowledge and belief.

Date:

Place: **Signature of the Insured:**

6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059. Toll-free No. 1800-2-700-700 Fax: 91 22 6638 3699 care@hdfcergo.com www.hdfcergo.com

Registered Office: Ramon House, H. T. Parekh Marg, 169, Backbay Reclamation, Mumbai 400 020.