

## CLAIM FORM FOR MONEY IN SAFE 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.	Description of Loss or Damage	
5.	When was the loss discovered and by whom?	
6.	Amount of loss	
7.	Under what item of the policy schedule does this loss fall to be dealt	
8.	If loss occurred whilst premises were closed:	
	a) Was the cash secured in locked safe	
	b) Was there evidence of forcible entry or exit	
	c) Have Police been notified, if so, when & results of Police Investigations, if any	
9.	a) When send where was the cash being conveyed	
	b) By whom?	
	c) Who was responsible for the cash at the time of loss?	

Claim Form – Money in Safe Insurance

**Liberty General Insurance Limited**, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

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

JIN No: IRDAN150P0037V01201213

	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?	
10.	When were the police notified and at what station?	
11.	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	

**Declaration by Insured:**

I/We hereby agree, affirm and declare that:

- 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.

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Date:

Place:

Signature of Insured

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