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Covering Risk. Improving Lives.

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## BANKER'S BLANKET INSURANCE – CLAIM FORM

*(The issue of this form does not constitute admission of liability. Please return the form duly completed within 14 days of discovery of the loss together with all necessary enclosures.)*

**1. Policy Information**

- **Policy No.:**
  .....
- **Claim No.:**
  .....

**2. Insured Details**

- **Name of Insured (in full):**
  .....
- **Address:** .....
- **Office Address (for which claim is lodged):**
  .....

**3. Loss Information**

- **Amount of Loss:**
  .....
- **Date of Discovery:**
  .....
- **Date of Loss:**
  .....

**4. Circumstances of Loss**

- **Details of How Loss Occurred & Circumstances of Discovery:**

  .....

  .....

**5. Employee Involvement (if suspected)**

- **Details of Suspected Act:**
  .....
- **Employee Name(s) & Address(es):**
  .....
- **Capacity at Time of Loss:**
  .....
- **Years of Service:**
  .....
- **Date Accounts Last Checked & Found Correct:**
  .....
- **Satisfaction with Work:**
  .....
- **Departmental Enquiry Initiated?** Yes / No
  - If Yes, attach charge sheets/proceedings.
- **Employee Suspended/Dismissed?** Yes / No
- **Amounts Due to Employee(s):**
  .....
- **Cash/Security Held from Employee(s):**
  .....

**6. Burglary/Housebreaking/Theft/Robbery/Holdup**

- **How Entry Was Effected:**
  .....
- **Premises Occupied at Time?** Yes / No
- **If Not, Last Occupied On:**
  .....
- **Premises Guarded at Time?** Yes / No
- **Suspected Person(s):**
  .....

**7. Fire Loss**

- **Origin of Fire (when & where):**
  .....
- **Cause of Fire / Arson Suspected?**
  .....
- **Steps Taken to Extinguish Fire:**
  .....
- **Attach Fire Brigade Report**

  .....

**8. Money/Securities in Transit**

- **Value Carried:**
  .....
- **Employee(s) Carrying:**
  .....
- **Mode of Carriage (foot/vehicle/place):**
  .....
- **How Carried (locked bag/steel box, etc.):**
  .....
- **Number of Containers:**
  .....
- **Accompanied by Armed Guards?** Yes / No

**9. Forgery/Alteration of Security**

- **Handwriting Expert Consulted?** Yes / No
- **Attach Expert's Opinion (if available).**
- **If Not, How Established?:**
  .....

**10. Goods/Commodities Pledged or Hypothecated**

- **Location of Godown:**
  .....
- **Under Insured's Control?** Yes / No

- **Total Value of Stocks:**
  .....
- **Employee(s) Holding Keys:**
  .....
- **Date of Last Inspection:**
  .....
- **Armed Guards Posted?** Yes / No

**11. Police Reporting**

- **Complaint Lodged with Police?** Yes / No
- **Attach Copy of Complaint.**
- **If Not, lodge immediately and furnish copy to Company.**

**12. Other Insurance**

- **Any Other Policy in Force?** Yes / No
- **Policy No. & Sum Insured:**
  .....
- **Name of Insurer:**
  .....

**Declaration and Data Collection Consent**

**Data Collection Consent**: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

We hereby declare that the foregoing particulars are true and correct in every respect.

- **Place:** .....
- **Date:** .....
- **Signature of Insured:**
  .....
- **Stamp:** .....