



**MISCELLANEOUS CLAIM FORM
(For Money and Burglary)**

Name of the Insured:

Address:

Telephone No. Fax No.

Email address:

Policy number:

Period of Insurance:

Date of Loss/Incident:

Place of Loss/Incident:

Give details relating to the Loss/Incident (attach statement of Insured/Management/ Witness/Security guard giving an account of the incident/loss)

Name and address of the Witness:

Details of Third party if any, responsible for the loss/cause of damage:

When reported to Police:

Name of Police Station:

Details of action taken by the Police:

(Attach Preliminary and Final Police Reports)

Details of Claim

Description of Loss		Amount claimed
TOTAL CLAIM		

Place:

Name of the Signatory

Date:

Signature of the Insured with official stamp