



## THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

### CLAIM FORM FOR CARD INSURANCE POLICY

Policy No.  
Claim No

**(The issue of this form is not to be taken as an admission of liability)**

Questions to be answered by the Claimant.

1.	Name of Insured/ Bank	
2.	Address	
3.	Card Holder Name	
4.	Card Number	
5.	Validity Period	
6.	Per day limit of card	
7.	Date and time of loss	
8.	Date and time of reporting to bank	
9.	Date & time of hotlisting the card	
10.	Date and time of reporting the loss to Police station. (Please furnish copy of FIR)	
11.	Name of Police Station	
12.	Is there any other insurance on the same property? If so, give full particular	
13.	What action have you or the Police taken in the matter with a view to recovering or minimizing the loss?	
14.	Do you have other insurance covering the same risk? If so, give full particulars.	

15.	Have you ever before sustained any loss of the same or similar nature? If so, give full particulars.	
16.	How exactly did the loss occur? Note:- Full & detailed particulars must be given & if this space is not sufficient a separate sheet giving the necessary particulars must be attached.	
17.	If any of your employee or employees is/are involved in the loss, state what cash or other security or moneys if any, you hold from each of them.	
18.	Any additional information relevant to processing the claim	

I/We the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said loss shall make any false or fraudulent statement, or any suppression or concealment my/our claim shall be absolutely forfeited, and the Policy shall thenceforth be null and void.

Date:

\_\_\_\_\_  
Signature of Claimant

Witness:

Sign.

Name:

Address: