



THE NEW INDIA ASSURANCE COMPANY LIMITED

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

CLAIM FORM

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 (in full)	Punjab National Bank
2	Address	Corporate Office, Plot No: 4, Sector -10, Dwarka, New Delhi-110075
3	Account Number	
4	Card Holder Name	
5	Card Number	
6	A full & details statement of all the transactions involved in the loss stating their dates, nature & amounts also be attached.	
7	When & how was the loss discovered?	
8	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.	
9	Give as many particulars as are known to you of the financial circumstances of each of the person concerned in the loss	
10	Has the loss been reported to the Police? If so, when and where? If not, why not? Note: A copy of any statement made to the Police must be attached.	
11	What action have you or the Police taken in the matter with a view to recovering or minimizing the loss?	
12	Do you have other insurance covering the same risk? If so, give full particulars.	
13	Have you ever before sustained any loss of the same or similar nature? If so, give	

	full particulars.	
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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: