



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

Claim Form Money Insurance

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. DETAILS OF INSURED

Policy No. :		
Name of Insured:		
ID No./Passport No./ Business Registration No.*:		
Correspondence Address (in Block Letters)*:		
		Postcode:
Tel. No. (Mobile)*:	Tel. No. (Office):	Email:

B. DETAILS OF LOSS

Situation or premises or place where loss or damage occurred:	
Date of Loss or damage (dd/mm/yy):	Time:
Explain fully how the loss or damage occurred:	
If the loss was in respect of money while in transit: How many authorised employees had custody of the money?	

How was the money being conveyed (by car, on foot, etc.?)

When was the loss discovered?	Date (dd/mm/yy):	Time:
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By whom was the discovery made?

When was the money last seen?	Date (dd/mm/yy):	Time:
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Have any other steps been taken to recover the money? (If yes, please give details) YES NO

C. THEFT AT OWN PREMISE

Please answer the following questions if the claim is in respect of a theft at your own premises.

If the loss relates to money in the premise for the payment of salaries, wages or other earnings, when was it received into the premises?

Date (dd/mm/yy):	Time:
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Do you have a record of the amount of money in the safe at the time of the loss? YES NO

Have you ever sustained a loss or claimed against any Insurer for the risks covered by the policy under which this claim is made? (If yes, please give particulars)

DATE (dd/mm/yy)	INSURING COMPANY	PLACE OF LOSS	AMOUNT

Are you the sole owner of the lost money? (If no, state name(s) of any other interested parties and the nature of their interest) YES NO

Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made? If YES, give details YES NO

D. PARTICULARS OF CLAIM

Particulars of the claim to be given in detail

NO.	ITEMS INSURED	Amount claimed

Was the safe damaged?(If yes, please give make & model and year of model)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Year Purchased:	Cost when purchased:	Amount of claim:	

E. DECLARATION

I/We declare that the particulars given on this form are true and complete.

Signature of Insured: _____ Date (dd/mm/yy): _____

(If a Limited Company, give status of signatory and affix company's rubber stamp)