



सानिमा जनरल इन्स्योरेन्स लि.
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MONEY-IN-TRANSIT CLAIM FORM

(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 the Insured in full
2.	Address
3.	Occupation
4.	When the loss discovered?
5.	What were the place between Which money was in transit?
6.	When and where did the loss occur?
7.	In whose custody was the Money at the time of loss?
8.	How was the money being carried? i.e. whether in bags, trunks etc. and in how many of them
9.	What means of transport was being used by the persons Conveying the money?
10.	Were the persons conveying The money accompanied by an armed Guard? If not, state what protection, if any was provided
11.	Where the persons conveying the Money covered under a Fidelity Guarantee Policy or Policies? If so for what sum/sand with which office/s
12.	Give (full particulars must be given) The circumstances of the loss or damage
13.	What was the amount or the Money being carried?
14.	What is the amount of loss ?
15.	Have you informed the police Authorities? If so, when and where?
16.	What steps have been taken to recover The lost money?
17.	Are there any other insurances Upon the same money? If so, give full particulars
18.	Have you ever before sustained loss Of the same nature? If so, give particulars

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 henceforth be null and void.

Dated:

Witness:

Signature