



सानिमा जनरल इन्स्योरेन्स लि.
Sanima General Insurance Ltd.

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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)

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| 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