



BANKERS INDEMNITY INSURANCE – CLAIM FORM
(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

1. Name of Insured: _____

2. Policy No.: _____

3. Address: _____

4. Phone No.: _____ Mobile No.: _____

5. E-mail Address: _____

6. When did the loss occur? _____

7. Name of Branch Manager/Head of Dept: _____

8. Name of Schedule Officer(s): _____

9. Name of Culprit(s) if known: _____

10. How was loss/damage/fraud detected: _____

11. Brief account of the loss/damage/fraud: _____

(Attach a new sheet if more space is required)

12. Date on which loss/damage/fraud was detected: _____

13. If continuous act, give duration of act: From _____ To: _____

14. State amount of estimated claim: _____

15. Analysis or Breakdown of amount of claim/loss: _____



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16.State measures taken to minimize future loss/damage/fraud: _____

17. Has incident been reported to the Police: _____ If yes, which Police station: _____

18. Have you insured with any other company? _____ If yes, please give name of company: _____

19. State any other Information necessary: _____

I / WE HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY/ OUR KNOWLEDGE AND BELIEF

Name & Signature of Insured: _____

Date: _____