



Reliance Insurance Company Limited

181-A, Sindhi Muslim Co-operative Housing Society, Karachi
Tel: 92-21-3-4539415-17 Fax: 92-21-3-4539412 Email: claim@relianceins.com

CASH IN TRANSIT & CASH IN SAFE POLICY CLAIM FORM

Policy Particulars

Date : _____

1. Insureds _____
2. Address _____
3. Policy No. _____
4. Period : _____

Circumstances of Loss:

5. When did loss occur : Date. _____ Time _____
6. Where did loss occur : _____
7. Full Particulars of Loss : _____

8. Name of employee involved. _____
9. How long the employee been in your service : _____
10. What is his present remuneration : _____
11. What action did your employee taken to : _____
 - i) Bank assistance _____
 - ii) Inform Police : _____
12. Do you have any Deposit of Cash Guarantee in respect of your employee?

13. If the loss has arisen due to willful negligence of the employees what disciplinary action has been taken against them.
14. The amount of Loss : _____
15. What action is being taken by police? _____

We hereby declare that to the best of our knowledge the above facts are true.

Date: _____

Insured Signature