The New India Assurance Company Limited

PO BOX 2907, Ruwi, PC 112
Sultanate of Oman

MONEY INSURANCE CLAIM FORM

ANSWER ALL QUESTIONS AND FULLY

Policy No. _____Claim No. _____

1. Name of Insured (in full) _____

2. Address: _____

   _____

3. Nature of
   Business:_____

4. a. When was the loss discovered? (Give time & date). _____

   b. What were the places between which money was in transit? _____

   c. How and where did the loss occur? _____

   d. What was the amount being carried? _____

5. In whose custody was the money at the time of loss? _____

6. Were the persons conveying the money accompanied by an armed guard? If not,
   state what protection if any, was provided? _____

7. How was the money being carried? (i.e. whether in bags trunks, etc, and in how
   many of them)   _____

8. What means of transport was being used by the persons conveying the money?
   _____

9. Give the circumstances of the loss or damage (full particulars must be given).
   _____

10. What is the amount of loss? _____

11. Have you informed the R.O.P? If so when and where? _____

12. What steps have been taken to recover the lost money? _____

13. Were the persons conveying the money covered under Fidelity Guarantee Policy /
    Policies? If so, for what sums and with which office/s? _____

14. Are there any other insurance upon the same money? If so, give full particulars.
    _____

15. 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 have made, or in any further declaration in 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 thenceforth be null and void.

Witness _____   Insured's Signature _____
              (Signature)

Name _____   Date: _____

Date _____   Stamp: _____