Claim Form

Claim Number

Claim Number.	
1) Card Details	
Bank Name:	
BIN Number	
Card Number	
Validity Period	
Date of Card Issuance	
Card Limit	
Card Daily Transaction Limit	
	,
2) Card Holder Details	
Card Holder Name:	
Registered Mobile Number	
Card Holder's Address at the time of Loss	
Card Holder's permanent address	
Whether Joint Card Owner (Yes/ No)	
If Yes, Name and Address of the Joint Card Holder	
3) Claim Details	
Date and time of Loss	
Date and time of reporting/ intimation to Bank	
Date and time of blocking the Card	
Loss location (City and Country)	

Type of Loss (with brief details)	
Dispute letter from Card holder with incident details to bank	
Copy of FIR (in case of international transaction copy of police	
complaint)	
Type of Transaction	
a) ATM Transaction	
b) Point of sale (merchant establishment)	
c) Internet Transaction	
a) For ATM Transactions	
i) Bank Name and Address of ATM	
ii) Screenshot of SMS/ email for deduction	
iii) CCTV footage of ATM	
iv) Passport for international transactions & Boarding pass in case of travel	
v) Maximum Times card swipe/withdrawal allowed at ATM in 1 day - Details	
vi) Maximum Withdrawal amount in 1 day - Product allowance Details	
vii) Office Attendance Details (If applicable)	
viii) Net Banking Logs for 3 months including disputed transaction dates	
ix) Additional documents be asked on case to case basis the nature of loss	
b) For Point of Sale transactions:	
i) Merchant establishment details : (where disputed transaction too	k place)

a) Name	
b) Address	
c) Contact Number	
ii) Copy of charge slip/vendor copy from POS	
iii) CCTV footage from merchant/ATM (if available)	
iv) Card statement for 3 preceding months (including dispute transactions dates)	ed
v) Passport for international transactions & Boarding pass in cas of travel	se
vi) Office Attendance Details (If applicable)	
vii) Net Banking Logs for 3 months including disputed transaction dates	n
viii) Additional documents be asked on case to case basis the nature of loss	ne
c) For Internet Transaction	
i) Website where transaction took place including	
transaction timing & details	
ii) Type of transaction (Purchase / subscription / Funds Transfer)	
iii) Screenshot of SMS/ email for deduction	
iv) Registered mobile no for card details	
v) Online shopping delivery details	
vi) Copy of card statement for 3 preceding months (including disputed transactions)	
Vii) Card blocking details from Bank	
viii) Passport for international transactions & Boarding pass in cas of travel	se

ix) Office Atten	dance Details (If applicable)	
x) Net Banking dates	Logs for 3 months including disputed transaction	
xi) Additional nature of loss	documents be asked on case to case basis the	
Have you ever	before sustained loss of the same nature? If so,	
give particulars		
Is there any oth particulars	ner insurance on the same card? If so, give full	
Any additional the claim	information relevant to	
4) Bank Detail	s & KYC documents for Claim Payment:	
In the event pa	yment made to the cardholder:	
i)	Pan Card Copy	
ii)	Copy of cancelled	
	cheque	
iii)	Aadhar card copy/Electricity / Telephone bill	
In the event pa	yment made to the bank:	
i)	Bank Pan Card Copy	
ii)	Copy of MOM/AOA	
iii)	Bank NEFT Details	

I/we hereby agree, affirm and declare that:

- a) The statement/information given/stated by me/us in this claim form is true and complete.
- b) No claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d) If I/we have given/made any false or fraudulent statement/information. or supp any manner failed to disclose material information, the policy shall be void a entitled to all/any rights to recover there under in respect of any or all claims, p	nd that I/We shall not be
e)The receipt of this claim form/other supporting/related documents does not constitute an agreement by the Company of the claim and the Company reserveject or require further/additional information in respect of the claim.	
Date:	
Place: Holder	Signature of Card