

**SECURE WALLET
CLAIM FORM**

(The issue of this form does not constitute admission of liability)

Claim Number:	Policy Number:	Card Number:
Date:	Inception Date:	Issuer:
	Expiry Date:	Validity period:

	Details of Insured:	Details of Claimant:
1	Name:	Name:
2	Address:	Address:
	City: State:	City: State:
	Pincode:	Pincode:
3	Contact Information:	Contact Information:
	Phone: Mobile:	Phone: Mobile:
	STD Code: Number:	STD Code: Number:
	Email address:	Email address:

4. Coverage under which loss is claimed (Pls tick the option applicable)

A/F. Card Protection(incl Virtual card/Digital Wallet)	B. Identity Theft	C. Purchase Protection	D. Personal Travelling Protection	E. Wallet Protection
<input type="checkbox"/> Lost Card Liability (*not applicable for Benefit F)	<input type="checkbox"/> Identity Theft	<input type="checkbox"/> Purchase Protection	<input type="checkbox"/> Personal Trip Effect Coverage	<input type="checkbox"/> Lost Wallet Coverage
<input type="checkbox"/> Card Liability due to fraudulent internet based transactions and / or misuse of PIN			<input type="checkbox"/> Home Protection while you are away	<input type="checkbox"/> ATM Assault and Robbery
<input type="checkbox"/> Card Liability due to unauthorised usage/skimming/counterfeit/phishing/compromised cards				<input type="checkbox"/> ATM fraud
<input type="checkbox"/> Misuse of card				



5. Loss Details

Basic Facts about the loss (for all coverages)		
Date of loss: ____/____/____ Time of Loss: _____ AM/PM		
Place of Loss: _____ (location) (Area / locality) (City) (State) (Country)		
Intimation to Police: Date: _____ Time: _____ AM/PM	Intimation to card issuer: Date: _____ Time: _____ AM/PM	Intimation to Company: Date: _____ Time: _____ AM/PM
Police Report Details: Police Station: _____ City: _____ FIR/GD No Date: _____		

6. A brief note on how the loss occurred (use additional sheets, if required):

7. How the information of loss (of cards / theft / burglary, etc) was received?

8. Were there any witness (if relevant)? Please give their names, addresses & phone numbers.

9. For Coverage under Personal Travelling Protection, fill in the following details:

Round Trip	One way trip
Date & Time of leaving home:	Date & Time of leaving home:
Date & Time of arrival at home:	Date & Time of arrival at home:
Date & Time of booked departure	Date & Time of booked departure

10. Details of other policies covering the present loss:



11. Details of previous losses, if any, under the current policy with this company or similar policy under any other company:

11. **Total Amount Claimed**

Rs.

(Pls attach separate sheets if necessary)

Declaration by the insured:

I hereby declare that the foregoing statements are made by myself and are true in all respects. I have not attempted to conceal from the Company with which it ought to be made acquainted. I agree that if I have made or will make any false or fraudulent statement whatsoever, the policy shall be void and my right to compensation forfeited.

Date:

Signature/Left thumb impression of the insured

Place:

Disclaimer:

The Company reserves the right to call for any other additional information as may be deemed necessary to establish the cause, admissibility and extent of loss.