DEBIT CARD INSURANCE CLAIM FORM

Policy No._____
Claim No ._____

The issue of this form is not to be taken as an admission of liability. The Completion and return of this form to the Company should not be delayed if any of the particular required cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

1. (a) Name of Insured : _____
   (b) Address : _____
   _____
   _____
   (c) Policy Number : _____
   (d) Period of the Policy : _____
   (e) Limits of Indemnity under the Policy: _____

2. Particulars of loss :
   (a) Date & place of occurrence: Time: A.M. /P.M.: _____ Place: _____
   (b) Type of loss (Card type, BIN etc.) : _____
   (c) When did you first come to know of the loss? _____
   (d) When was the loss reported to you? _____
   (e) When was the claim first notified to the Insurer? _____

3. (a) Give, if possible, the names and addresses of all witnesses to the loss
   _____
   _____
   (a) Has the loss been reported to any authority? If so, state to whom and attach a copy of the report submitted.
   _____
   _____
   (b) What action, if any, has been taken by the authority?
   _____
   _____

दि ओरिएण्टल इंश्योरेंस कं. लि. ★ मुख्य व्यवसाय कार्यालय KEY BUSINESS OFFICE ★ THE ORIENTAL INSURANCE CO. LTD.

(c) Give particulars of any other insurance, if any, in respect of the same risk.

_____

_____

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 agree that if I/We have made, or in any further declaration, the 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 be null and Void.

Insured's Signature

_____

Date _____

ECS Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	

दि ओरिएण्टल इंश्योरेंस कं. लि. ★ मुख्य व्यवसाय कार्यालय KEY BUSINESS OFFICE ★ THE ORIENTAL INSURANCE CO. LTD.