Claim Form

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 took 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 disputed transactions dates)	

v) Passport for international transactions & Boarding pass in case of travel	
vi) Office Attendance Details (If applicable)	
vii) Net Banking Logs for 3 months including disputed transaction dates	
viii) Additional documents be asked on case to case basis the nature of loss	
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 case of travel	
ix) Office Attendance Details (If applicable)	
x) Net Banking Logs for 3 months including disputed transaction dates	
xi) Additional documents be asked on case to case basis the nature of loss	
Have you ever before sustained loss of the same nature? If so, give	
particulars	
Is there any other insurance on the same card? If so, give full particulars	
Any additional information relevant to	
the claim	
4) Bank Details & KYC documents for Claim Payment:	

	ayment made to the cardholder:	
i)	Pan Card Copy	
ii)	Copy of cancelled cheque	
iii)	Aadhar card copy/Electricity / Telephone	bill
In the event pa	ayment made to the bank:	
i)	Bank Pan Card Copy	
ii)	Copy of MOM/AOA	
iii)	Bank NEFT Details	
	ree, affirm and declare that: nt/information given/stated by me/us in this o	claim form is true and complete.
b) No claim ma	ade hereunder (or the same/similar claim)	has been made or lodged with any other insurance
	nformation which is relevant to the processing een withheld or not disclosed.	g of the claim or which in any manner has a bearing on
the claim has be d) If I/we have manner failed to	een withheld or not disclosed. given/made any false or fraudulent stateme	g of the claim or which in any manner has a bearing on ent/information. or suppressed or concealed or in any all be void and that I/We shall not be entitled to all/any past, present or future.
the claim has be d) If I/we have manner failed to rights to recove e)The receipt of an agreement I	given/made any false or fraudulent stateme odisclose material information, the policy sharthere under in respect of any or all claims, pothis claim form/other supporting/related doc	ent/information. or suppressed or concealed or in any all be void and that I/We shall not be entitled to all/any past, present or future.
the claim has be d) If I/we have manner failed to rights to recove e)The receipt of an agreement I	given/made any false or fraudulent stateme or disclose material information, the policy share there under in respect of any or all claims, put this claim form/other supporting/related doc by the Company of the claim and the Comp	ent/information. or suppressed or concealed or in any all be void and that I/We shall not be entitled to all/any