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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Cash in Transit Claim From

1	Policy Number	
2	Name of the Insured	
3	Address of Insured	
4	Contact No.	
5	<p>Did the loss occur when the money was kept in a safe or whilst in transit?</p> <p>i. If in Safe/Counter;</p> <p>a) Name the location(s) and details</p> <p>b) In whose custody were the Safe keys?</p> <p>c) Total amount of money in safe at the time of loss.</p> <p>ii. If in Transit;</p> <p>a) Date and time the loss was discovered.</p> <p>b) Places between which money was in transit.</p> <p>c) How and where did the loss occur?</p> <p>d) What was the amount carried?</p>	



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6	In whose custody was the money at the time of loss/damage?	
7	Was the money carried by an armed guard? Any other protection provided?	
8	How was the money being carried?	
9	Means of transport	
10	Give the circumstances of loss.	
11	What was the amount of loss?	
12	Have you informed the RBP? Details of the Policy Report No. & name of the Police Station.	
13	Steps taken to recover the lost money/minimize the loss.	
14	Whether any employee(s) has/have been involved in the incident? If so, the details of the action taken against him/ them like Police complaint, Departmental inquiry etc. (Please attach copies of documents)	
15	Is there any other insurance against the cash in transit? If yes, please provide details.	
16	Have you ever before sustained the loss of same nature?	



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17	Whether persons carrying money were covered under the Fidelity Guarantee policy? If yes, details of the policy & issuing office.	
18	Any other relevant information.	

I/We hereby agree, affirm, and declare that:

- The statements/information given/stated by me/us in this claim form are true, correct, and complete.
- 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.
- If I/we have given/made any false or fraudulent statement/information or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

Date

(Name & Signature of Claimant)