

UNAUTHORISED TRANSACTIONS CLAIM FORM

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

1. Name and address of the Insured	
2. Name and address of the cardholder in respect of whom claim is made	
3. Card No.	
4. Date and time of discovery of the loss/misuse of card	
5. Describe the circumstances under which the card was discovered as lost.	
6. Date and time when the loss/misuse of card was reported to the Insured (please attached copies of such communication)	
7. Describe the nature of misused transaction of card & date and time its observed by the card holder	
8. Whether loss reported to Police authorities? If so, Please attach copy of FIR	
9. Action taken by Insured to prevent/Minimize the misuse, please attach copies of relevant communication	
10. Amount of loss suffered due to misuse	

Please attach documents necessary to establish the amount involved.

I/We hereby declare that the particulars furnish above are true and correct to the best of my/our knowledge.

Place:

Date:

Signature of Card holder & DBS Bank.