



THE NEW INDIA ASSURANCE CO.LTD.

MISUSE INDEMNITY 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 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 attach copies of such communication)	:	
7. Whether loss reported to Police authorities? If so, please attach copy of FIR.	:	
8. Action taken by Insured to prevent/minimise the misuse, please attach copies of relevant communication	:	
9. 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 and YES BANK Ltd.