

Loss Card Liability/Fraud on Card Liability Form for DBS Bank

I	Case details	
	Customer Name	
	Customer ID	
	Account Number	
	Debit Card Number	
	Address for correspondence	
	State	
	City	
	Pincode	
	Contact Numbers:	
II	Nature of loss	
	Lost Card	
	Stolen Card	
	Others	
III	Type of Fraud	
	POS	
	ATM	
IV	Transaction details	
a)	Date	
	Amount	
	Merchant	
b)	Date	
	Amount	
	Merchant	
c)	Date	
	Amount	
	Merchant	

d)	Date	
	Amount	
	Merchant	
V	Date of Loss	
VI	Date of Reporting Loss	
VII	Documents Submitted	
	FIR copy (original)	
	Claim Form	
	Bank Statement marking fraud transactions	
VIII	Any additional information	

I/We hereby agree, affirm and declare that:

(a) The statements/information given/stated by me/us in this claim form is/are true, correct and complete.

(b) Furthermore, no other claim (same/similar claim) has been made or lodged with any insurance company.

(c) 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.

(d) 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 Bank shall decline this claim and that I/we shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.

(e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Bank to settle the claim and the Bank reserves the right to process or reject or require further/additional information in respect of the claim.

Date : _____

Place : _____

Signature : _____

SV

Office Use only:

Checked by :

Signed :

Date of Receipt