

Lost Card Liability Form

Details of Insured

Insured Name : Kotak Mahindra Bank

Address : _____

Claim REF No : _____ **(If Available)** **SEX (M/F)**

Cardholder Name	
Card Number	
Validity Period	
Date of Becoming Member	
Date Of Loss	
Place of Loss	
Type of Loss / Brief of Loss	
Date Reported to Bank	
Date & time of Blocking Card	
Copy of Card Statement	
Copy of Log sheet	
Copy of letter from Card holder	
Loss / Misuse Amount	
To be signed by the Bank Staff Cardholder Signature _____ DATE ____/____/____	