

CLAIM No.....

**MONEY INSURANCE CLAIM FORM**

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

Name..... Policy No.....

Address..... Date of payment of last premium.....

Occupation..... Tel. No.....

Please give the following information about your loss: .....

1. (a) When did it happen? At ..... a.m/p.m. On .....

(b) Where did it happen?.....

(c) Was the money in transit or in safe.....

2. (a) If loss was sustained whilst in transit, give names, position and salary of the employee in charge of the money

(i) .....

(ii) .....

(iii) .....

(B) Was there any police escort

3. (a) How much was in the employee's charge at the commencement of the journey?.....

(b) What disbursement were made by him during the journey?

(c) Have you any reason to doubt the integrity of the employee

4. (a) If loss was sustained whilst in safe, give the name of the person who discovered loss

(b) Was the safe bricked into the wall or standing free

(c) Give the names and position of employees in charge of the key(s)

(ii) .....

(d) State salary, commission or other remuneration paid to him/them

5. How did it happen?

6. (a) Have the police been notified?.....

(b) If so, at which station .....

7. Have you ever sustained a previous loss coming within the scope of this policy? .....

8. What is the amount of loss and what did it consist? .....

I/WE declare that the foregoing answers are true and complete .....

Signature..... Date.....