

## MONEY INSURANCE CLAIM FORM

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER. THE COMPLETED CLAIM FORM SHOULD BE RETURNED TO THE COMPANY WITHIN 7 DAYS OF ITS RECEIPT.)

|                                |   |  |
|--------------------------------|---|--|
| 1.                             | Insured's name, address and contact number.   |  |
|                                | Occupation  |  |
| 2                              | Where did the loss occur?   |  |
| 3.                             | Date, day and time of loss  |  |
| 4.                             | When was the loss discovered and by whom?   |  |
| 5.                             | Narrate full circumstances of the loss.   |  |
| 6                              | (a) Amount of loss  |  |
|                                | (b) Under what item of the Policy schedule does this loss fall to be dealt?   |  |
| <b><u>Loss at Premises</u></b> |   |  |
| 7                              | If loss occurred in Insured's premises, were they at that time occupied for business purposes?  |  |
| 8                              | If loss occurred whilst premises were closed :<br>(a) Was the cash secured in locked safe?<br>(b) Was there evidence of forcible entry or exit? |  |
| <b><u>Loss in Transit</u></b>  |   |  |
| 9                              | (a) When and where was the cash being conveyed?   |  |
|                                | (b) By whom?  |  |
|                                | (c) Who was responsible for the cash at the time of the loss?   |  |

|    |   |  |
|----|---|--|
|    | (d) In whose employment were the above parties and is there any Fidelity Guarantee Insurance covering them? |  |
|    | (e) To whom and by whom was a receipt last given in respect of the cash lost? (Please enclose receipt copy) |  |
| 10 | (a) When were the Police notified and at what Station?  |  |
|    | (b) What is the result of their investigation and has any cash been recovered?                              |  |
|    | Please submit as soon as possible a copy of the Police Report.  |  |
| 11 | Are you insured against the present loss under any other Policy? If so, give details.                       |  |
| 12 | Give details, if any, of previous loss of this nature   |  |

The undersigned declares that the foregoing statements are true and correct.

Date: \_\_\_\_\_

Signature and stamp of the Insured

