

MONEY CLAIMS FORM

PLEASE FILL FORMS IN 'CAPITAL LETTERS'

Certificate No.

Date

Policy No.

The Company does not admit liability by the issuance of the form

POLICY HOLDER'S DETAILS

Name

Surname

Middle Name

First Name

Address

Date of payment of the last premium

Last Premium

Business or occupation

Telephone

LOSS DETAILS

1. PLEASE GIVE THE FOLLOWING INFORMATION ABOUT THE LOSS:

(a) When did it happen? At

am /

pm

on

(b) Where did it happen?

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

2. (A) IF IN TRANSIT, GIVE NAMES, POSITIONS, AND SALARY OF EMPLOYEE(S) IN CHARGE OF THE MONEY.

Name

Position

Salary

(b) Was there any police escort?

Yes

No

3. (A) IF LOSS WAS SUSTAINED WHILST IN SAFE, GIVE THE NAME OF THE PERSON WHO DISCOVERED THE LOSS

Name

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

(c) Give the names and positions of employee(s) in charge of the key(s)

Name

Position

(d) State salary, commission or other remuneration's paid to him/her

Salary

Commission

Others

4. DESCRIBE THE INCIDENT:

5. HAVE YOU INFORMED THE POLICE?

Yes

No

Which Police Station?

6. HAVE YOU EVER SUSTAINED A PREVIOUS LOSS COMING WITHIN THE SCOPE OF THIS POLICY?

Yes

No

7. WHAT IS THE AMOUNT OF LOSS AND WHAT DID IT CONSIST?

DECLARATION

I/We

declare that the foregoing answers are true and complete.

Date Insured

Signature

MONEY CLAIMS FORM

BURGLARY CLAIMS FORM - ASSET REGISTER

No	Descripton of property damaged	Cost of property damaged/destroyed	Date of purchase	Estimated value of the property at the time of the fire	Value of the salvage	Net amount claimed after deduction of such salvage