



**MONEY
INSURANCE**

CLAIM FORM

(Company does not admit liability by the issuance of this form)

- 1. Policy Number -----
- 2. Name of Insured -----
- 3. Address of the Insured -----
- 4. E- mail address -----
- 5. Mobile number -----
- 6. Name of Staff in charge of Money -----
- 7. Present Address of Staff -----

- 8. How long has the staff been in your service? -----
- 9. What is the salary, commission or other remuneration due to the staff? -----

- 10. Date Loss was discovered and by whom? -----

- 11. What is the amount of the loss ascertained? -----
- 12. When was the Police advised and at which Police station? -----

- 13. Have you ever sustained a previous loss on this Policy? -----

Declaration

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge.

Signature -----

Date -----

Witness

Name -----

Address -----

Signature -----

Date -----