

MONEY INSURANCE CLAIM FORM

The completed claim form should be returned to the Company within 7 days of its receipt. The Company does not admit liability by Issuing this form.

1.	Insured's name and address	
2.	Occupation & Business Address	
3.	Where did the Loss occur?	
4.	Date, day and time of Loss	
5.	When was the loss discovered and by whom?	
6.	Full circumstances of the loss	
7. (a)	Amount of Loss	
(b)	Under what Item of the Policy Schedule does this loss fall to be dealt	
8.	If loss occurred in Insured's premises, were they at that time occupied for business purposes.	
9.	If loss occurred whilst premises were closed:	
(a)	Was the cash secured in locked safe?	
(b)	Was there evidence of forcible entry or exit?	
10.(a)	When send where was the cash being conveyed?	



(b)	By whom?	
(c)	Who was responsible for the cash at the	
	time of 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?	
11.(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 copy	
10	of the Police Report)	
12.	Have you ever before sustained loss of	
	this nature?	
13.	Are you Insured against the present loss	
	under any other Policy?	

We declare that the foregoing statements are true to the best of our knowledge and belief.

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Place:

Signature of the Insured: