

LOSS OF MONEY CLAIM FORM



Insured

Name of Insured:

Physical Address:

Postal Address:

Code:

Code:

Policy No.:

Due Date: d a y / m o n t h / y e a r

Vat No.:

Business Tel No.:

Home Tel No.:

Details Of Loss

Date of Loss: d a y / m o n t h / y e a r

Time: am/pm

Name of person conveying cash:

How long has he/she been in your employ:

Does he/she regularly convey your cash?

Yes No

Please give a detailed statement of the circumstances of the loss:

From and to where was the cash being carried:

To what Police Station has the loss been reported:

Give name of Investigating Officer:

Total amount of cash lost:

Composed as follows:

State whether treasury notes, cheques
postal order, money orders, etc

Treasury Notes

Postal and money orders

Cheques

Other remittances

Total amount of cash being conveyed at time of loss:

Do you suspect anyone in connection with the loss:

Declaration

I/We hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct and that I/we undertake to render CIB Insurance every assistance in my/our power in dealing with the matter.

Signature of Insured:

Date: d a y / m o n t h / y e a r