

MONEY INSURANCE CLAIM FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Policy No.: _____ Claim No.: _____

Insured _____

Address _____

Business _____

E-mail Address: _____ Telephone Nos.: _____

1. When did the loss occur? Date: _____ Time _____ a.m/p.m.
mm/dd/yy
2. Where did the loss occur? _____
3. To whom does the lost Money belong? _____
4. Was the Money being used for the purpose of the Business? YES NO
If 'NO', please explain _____

5. Please state the amount of Money lost \$ _____

6. Please indicate under which, if any, of the following items the loss falls:-

- | | | |
|--|------------------------------|-----------------------------|
| (a) Money in transit to and/or from the Bank, the Premises, your Contract Sites or any other Premises at which you conduct business? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Undisbursed Wages and Salaries on the Premises in locked safe? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Undisbursed Wages and Salaries on the Premises or on your Contract Site during business hours? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Money in the Night Safe at the Bank? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) Money (other than undisbursed Wages and Salaries) on the Premises | | |
| (i) During Business Hours | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (ii) Outside Business Hours contained in locked safe? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (iii) Outside Business Hours NOT contained in locked safe? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) Money at the private residence of any director, partner or authorised employee? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) Money in the custody of Collectors for paying in | | |
| (i) on the days of receipt? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (ii) on the next working day? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) Loss of or Damage to safe/strongroom? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

7. If there has been loss of or damage to the safe at the premises please state:-

- (a) the present value of the safe _____
- (b) the estimated cost of repair or replacement of the safe _____

8. State fully (on a separate sheet if necessary) how the loss or damage occurred

9. Have you notified the Police YES NO
If "YES", please state

Date of notification _____ Address of Police Station _____
mm/dd/yy

10. Is there any other insurance in force covering the loss? YES NO
If "YES", please state name and address of other Insurers

11. Have you had any previous loss of a similar nature within the last five years? YES NO
If "YES", please give brief details

I/We the undersigned, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct.

Signature of Insured/Claimant _____ Date _____
If Company Please Affix Company Stamp mm/dd/yy