



MONEY INSURANCE CLAIM FORM

I/We.....

Of.....Phone No..... Being

insured under Policy No.....do hereby declare that at or

about.....O'clock ontheday of

a loss occurred occasioned, to the best of my/our knowledge and belief in the following

manner.....

.....

..... And I/We

further declare that the money/stamps overleaf, belonging to me/us, and insured under the said

Policy, was/were lost/stolen and represent(s) the sum I/we am/are entitled to claim in the terms of the

Policy.

I/We also declare that the whole of the Statements made by me/us in this Form of Claim are in every respect true.

Witness my/our hand this.....day of

Witness..... Claimants Signature.....

Occupation..... Occupation.....

Statement of the Insurances in forces upon the property above described

#.....in the.....Insurance Co., by Policy

No.....

#.....in the.....Insurance Co., by Policy

No.....

Discovery of Loss: The insured must promptly take all practicable steps for tracing and recovering the lost/stolen money/stamps.

Notification of Police: The Police Authorities must be notified of the loss without delay.

Accuracy of Statements: It is a condition of the Policy that it shall be void if any claim be fraudulent or intentionally exaggerated or if any false statement or declaration be made in support of it. It is therefore important that care should be exercised in filling up the annexed statement

QUESTIONS TO BE ANSWERED BY CLAIMANT

1. On what date and at what hour was the loss discovered and by whom?.....
2. Give date the police were advised and name of Police station.....
.....
3. What other steps have been taken to discover the guilty person or persons, and to Recover the money/stamps lost?.....
.....
4. What is the amount of the loss and of what did it consist?.....
.....
5. Have you ever sustained a previous loss coming within the scope of the policy?
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