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MONEY CLAIM FORM

This form is intended for MONEY type claims. The Insurer reserves the right to request completion of their prescribed claim form if deemed necessary.

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(TO BE COMPLETED AND SIGNED BY CLAIMANT)

	The issue	of this for	m is not	an acknow	vledgement	of any liabil	lity by th	ne Insurance Con	npany		
		DETAI	LS OF TI	HE INSUR	RED ("YOU'	") & INSUR	ER REF	FERENCE			
INSURED											
						- TELEPHONE		OFFICE:	FAX	(:	
POSTAL ADDRESS					HOME:						
								CELL:			
OCCUPATION						E-MAIL					
INSURER						POLICY	NO				
PARTICULARS OF CLAIM											
	2	DATE									
WHEN DID THE LOSS OCCUR? DAT											
HAVE THE POLICE BEEN NOT	IFIED? YI	ES	NO	IF YES	S, WHICH S	TATION?			CASE NUMBER		
AMOUNT OF LOSS											
IF THE LOSS OCCURRED AT THE BUSINESS PREMISES:											
BUSINESS ADDRESS											
WERE THE PREMISES OPEN FOR BUSINESS AT THE TIME? YES NO											
IF THE LOSS OCCURRED AFTER BUSINESS HOURS:											
WHAT DATE AND TIME WERE THE PREMISES LAST CLOSED?											
WHERE WAS THE MONEY TAKEN FROM?											
WERE THE KEYS TO THE SAFE(S) OR STRONGROOM(S) LEFT ON THE PREMISES?		S? YI	YES NO			WAS A SECURITY GUA			N ATTENDANCE?	YES	NO
STATE EXACTLY HOW THE PREMISES APPEAR TO HAVE BEEN ENTERED?											
WAS YOUR SAFE DAMAGED?		YI	ES	NO							
IF YES, STATE MAKE, SIZE AN MANUFACTURE.	ND YEAR OF										
NATURE OF DAMAGE											
			CTOD.								
IF THE MONEY WAS IN THE C STATE NAME AND ADDRESS CONCERNED			CTOR:								
HOW LONG HAD THE MONEY POSESSION?	BEEN IN HIS										
IF THE LOSS TOOK PLANCE F RESIDENCE, YOUR PARTNER DIRECTOR'S OR EMPLOYEE'S AND ADDRESS OF PERSON C	l's, 5, give name										
AND ADDRESS OF PERSON C	ONGERNED				PAGE 1 O						

GIVE NAME OF EMPLOYEE CARRYING THE MONEY. FROM WHERE AND TO WHAT PLACE WAS THE MONEY BEING TAKEN? DO YOUR SUSPICIONS REST UPON ANYONE?										
THE MONEY BEING TAKEN? DO YOUR SUSPICIONS REST UPON										
IF YES, WHOM?										
ARE YOU THE SOLE OWNER OF THE YES NO										
HAVE YOU ANY OTHER INSURANCE AGAINST LOSS OF MONEY?										
IF YES, STATE NAME OF COMPANY										
HAVE YOU EVER BEFORE SUSTAINED A YES NO										
IF YES, STATE WHEN, HOW AND AMOUNT INVOLVED.										
FULL DESCRIPTION OF CIRCUMSTANCES OF LOSS										
DECLARATION										
I/WE WARRANT AND DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE TRUE IN EVERY RESPECT AND THAT I/WE HAVE NOT WITHELD ANY INFORMATION WHATSOEVER IN CONNECTION WITH THE CLAIM. I/WE AGREE THAT, IF ANY OF THE ABOVE ANSWERS OR PART THEREOF, ARE UNTRUE, MY/OUR CLAIM OR COMPENSATION SHALL BE FORFEITED AND THE CONTRACT OF INSURANCE SHALL BE NULL AND VOID.										
SIGNATURE: Insured / Broker / Sub-agent DATE TIME PAGE 2 OF 2										