



## 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.**

(TO BE COMPLETED AND SIGNED BY CLAIMANT) The issue of this form is not an acknowledgement of any liability by the Insurance Company			
<b>DETAILS OF THE INSURED ("YOU") &amp; INSURER REFERENCE</b>			
INSURED _____			
POSTAL ADDRESS _____	TELEPHONE _____	OFFICE: _____	FAX: _____
_____	_____	HOME: _____	
_____	_____	CELL: _____	
OCCUPATION _____	E-MAIL _____		
INSURER _____	POLICY NO _____		
<b>PARTICULARS OF CLAIM</b>			
WHEN DID THE LOSS OCCUR? DATE	<input type="text"/>	TIME	<input type="text"/>
HAVE THE POLICE BEEN NOTIFIED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHICH STATION? <input type="text"/> CASE NUMBER <input type="text"/>
AMOUNT OF LOSS	<input type="text"/>		
<b>IF THE LOSS OCCURRED AT THE BUSINESS PREMISES:</b>			
BUSINESS ADDRESS	<input type="text"/>		
WERE THE PREMISES OPEN FOR BUSINESS AT THE TIME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>IF THE LOSS OCCURRED AFTER BUSINESS HOURS:</b>			
WHAT DATE AND TIME WERE THE PREMISES LAST CLOSED?	<input type="text"/>		
WHERE WAS THE MONEY TAKEN FROM?	<input type="text"/>		
WERE THE KEYS TO THE SAFE(S) OR STRONGROOM(S) LEFT ON THE PREMISES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WAS A SECURITY GUARD IN ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE EXACTLY HOW THE PREMISES APPEAR TO HAVE BEEN ENTERED?	<input type="text"/>		
WAS YOUR SAFE DAMAGED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, STATE MAKE, SIZE AND YEAR OF MANUFACTURE.	<input type="text"/>		
NATURE OF DAMAGE	<input type="text"/>		
<b>IF THE MONEY WAS IN THE CUSTODY OF A COLLECTOR:</b>			
STATE NAME AND ADDRESS OF PERSON CONCERNED	<input type="text"/>		
HOW LONG HAD THE MONEY BEEN IN HIS POSSESSION?	<input type="text"/>		
IF THE LOSS TOOK PLACE FROM YOUR RESIDENCE, YOUR PARTNER'S, DIRECTOR'S OR EMPLOYEE'S, GIVE NAME AND ADDRESS OF PERSON CONCERNED	<input type="text"/>		

