

MONEY CLAIM FORM

This form is issued without admission of liability. Any documentary evidence and/or other report required by the Corporation shall be furnished at the expense of the Insured.

Claim No. : _____		Policy No. : _____		Agency : _____	
1.	Insureds Name/Company				
2.	Address				
3.	Occupation/ Business				
4.	Location of loss / damage				
5.	a) When did the loss occur? b) When discovered, and by whom? c) State full circumstances of the loss. What was the mode of entry/exit?	Date: _____		Time: _____	
6.	Name and addresses of Witnesses. (It is most important that the name of every witness should be furnished)	i. _____ of _____ ii. _____ of _____			
7.	If the loss could have been prevented, state what precaution might have been taken				
8.	Police Station to which Loss was reported	Report No. : _____ Date : _____			
9.	Were the premises occupied at the time of the theft? If no, on what date and what hour were they last occupied? a) Where was the money being kept? b) Was it locked at the time of loss?	<input type="checkbox"/> YES <input type="checkbox"/> NO Date : _____ Time : _____ <input type="checkbox"/> Drawer <input type="checkbox"/> Cabinet <input type="checkbox"/> Safe Others (Please specify) _____ <input type="checkbox"/> YES <input type="checkbox"/> NO			
10.	Loss In Transit a) State starting point and destination of transit b) At the time of the loss, how much cash was being carried, and by whom?	From : _____		To : _____	
		Amount: _____		Name(s) and designation: _____	
11.	Have you ever before sustained loss by theft / robbery? (If yes, please state particulars)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
12.	Is there any other insurance in force at the time of loss/damage? If yes, please give Insurer's name and policy no.	<input type="checkbox"/> YES <input type="checkbox"/> NO			

The undersigned Insured hereby declared to have answered the above questions conscientiously and truthfully.

Date : _____

 Signature of Insured
 Company's chop (if applicable)
 Name : _____
 Designation : _____
 NRIC : _____

Tick (/) where applicable