



# LOSS OF MONEY CLAIM FORM

## INSURED

Name of Insured		
Physical Address	Postal Address	
Code	Code	
Policy No	Contact Person	
Vat No	Business Ph No	Cell No

## DETAILS OF LOSS

When did the Loss occur?      Date    /    /      Time                      am/pm

Name of person conveying cash

How long has he/she been in your employ?

Does he/she regularly convey cash?                      Yes                       No

Please give a detailed statement of the circumstances of the loss

From and to where was the cash being carried?

## POLICE DETAILS

To which Police Station has the loss been reported?      Case No

Give name of Investigating Officer

Do you suspect anyone in connection with the loss?

## AMOUNT OF CASH LOST

Name of Owner	<b>Composed as follows:</b>
State whether treasury notes, cheques, postal order, money orders, etc.	Treasury Notes: <input type="text"/>
Total amount of cash being carried at the time of loss: R	Postal and Money Orders: <input type="text"/>
	Cheques: <input type="text"/>
	Other Remittance: <input type="text"/>



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## POLICY HOLDER BANK DETAILS

Name of Bank	Account Holder		
Bank Code	Account No	Type of Account	
Signature of Account Holder		Date	-- / /

## INSURED DECLARATION AND SIGNATURE

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured	Date	/	/
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