

Money Insurance Claim Form

Important Note - **Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.**

Policy no.: _____ Name of Insured: _____ _____ Phone Contact No.: _____	Claim No.: _____ Address: _____ _____ Email: _____
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Detail of Loss

Date and time of loss :	Time:	AM/PM
Did the Loss occur when the money was kept in safe or whilst in transit?		

If in Safe:

Name of the location (s) and details :
In whose custody were the Safe keys?
Total amount of money in safe at the time of loss :

If in Transit:

Name of the location (s) and details :	
Places between which money was in transit :	
How & where did the loss occur?	
What was the amount carried?	
In whose custody was the money at the time of loss?	
Was the money carried with an armed guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other protection provided?	
How was the money being carried?	
Means of transport :	
Give the circumstances of loss :	

