LOSS OF MONEY CLAIM FORM

INSURED

Name of Insured:	

Physical Address:		Postal Address:	
Code:		Code:	

Policy No:		Contact Person:	

VAT No:		Business Tel:		Cell No:	

DETAILS OF LOSS

When did the loss occur?	Date:		Time:		AM/PM:	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:	

Name of investigating officer:	

Do your suspect anyone in connection with the loss?	

AMOUNT OF CASH LOST

Name of owner:	

Total amount of cash being carried at the time of loss:	
Cash: R	

State whether treasury notes, cheques, postal orders, money orders, etc. Composed as follows:	
Treasury notes: R	
Postal and money orders: R	
Cheques: R	
Other remittance: R	

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POLICY HOLDER BANK DETAILS

Name of bank:		Account holder:			
Bank code:		Account No:		Account type:	
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:	