

Claim Form Money Insurance

(In case space is not sufficient in any column, please give details on a separate sheet)

The issue of this form does not imply admission of liability on the part of the Company. Kindly answer all questions completely inorder to help us to serve you better

Claim No	
Policy Details	
Insured Name	
Policy Number	
Period of Insurance	From To
Business Address	
Contact Person name	
Phone: Landline	
Cell	
Email ID:	
Claim Details	
Date of Loss	
Time of Loss	
Place of Loss	
Amount of Money Insured (PGK)	
Amount Claimed (PGK)	
Type of Loss (Tick one)	☐ Theft ☐ Robbery ☐ Burglary
	☐ Other (specify):



Description of Loss Please provide full details of how the loss occurred (attach separate sheet if required)		
Police Details		
a. Was the loss reported to Police?	□ Yes □ No	
b. Police Station		
c. Police Report / Case No		
d. Date Reported		
Cash Handling Details		
Purpose for which money was held		
b. Maximum cash held at premises		
c. Last time cash was checked before loss		
d. Name of person responsible for cash		
Declaration I/We declare that the above statements are true and complete to the best of my/our knowledge. Name of Insured:		
Signature:	Date:	
Company Stamp (if applicable):		



Checklist of Supporting Documents

☐ Completed and signed Money Insurance Claim Form
□ Copy of valid Insurance Policy Schedule
□ Police Report / Occurrence Book (OB) Extract
☐ Detailed written statement explaining circumstances of loss
□ Cash book / cash register records
☐ Cash reconciliation statement as at date of loss
☐ Evidence of last cash count prior to loss
□ CCTV footage (if available)
□ Security / incident report (if applicable)
$\hfill\square$ Proof of ownership of money (payroll summary, with drawal slips, vouchers, etc.)
☐ Any other documents reasonably required by Insurers