

Cash-In-Transit Claim Form

Policy No. _____

1. Insured's name and address	
2. What is the extent of the loss	
3. Give the date and hour of loss	
4. Where was the locality at which the loss occurred?	
5. Please give full details surrounding the loss and attach statements from those involved and witnesses, if any	
6. What steps have been taken to discover the guilty person or persons, and to trace and recover the property lost?	
7. When were the Police notified and at which Police Station? (State also the name of Officer dealing with the case and Police Report No.)	
8. (a) At the time of the loss, how much cash was being carried, and by whom? (b) Was he accompanied?	(a) (b)
9. Do you suspect any person or persons? If so, who?	
10. Has any other person an interest in the cash and/or notes? If so, give his/her name and the nature of the interest	
11. Are there any other insurances against loss through Cash-In-Transit in force in respect of the cash and/or notes claimed for? If so, please state full particulars	<u>Insurance Co</u> <u>Policy No</u> <u>Period of Insurance</u> <u>Amount Insured</u>
12. Have you previously suffered a loss of this nature?	
13. On what basis is the amount of the claim arrived at?	

DECLARATION

I/We, the undersigned, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars and details are true and correct.

Date _____

Signature of Insured _____