

**CLAIM FORM: MONEY**

	QUESTIONS	ANSWERS																																		
<b>Insured</b>	Name of Insured	<input style="width:100%;" type="text"/>																																		
	Address	<input style="width:100%;" type="text"/>																																		
	Business, Occupation or Profession	<input style="width:100%;" type="text"/>																																		
	Tel. No.	Home: <input style="width:25%;" type="text"/> Work: <input style="width:25%;" type="text"/> Cell: <input style="width:25%;" type="text"/>																																		
<b>Loss Information</b>	Amount of Loss	<input style="width:30%;" type="text"/> [ Please show in table below how this amount is made up ]																																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Cash</th> <th rowspan="2">Banknotes</th> <th colspan="2">Cheques</th> <th colspan="2">Stamps</th> <th colspan="2">Postal Orders</th> <th>Money</th> </tr> <tr> <th>Open</th> <th>Crossed</th> <th>Postal</th> <th>Revenue</th> <th>Open</th> <th>Crossed</th> <th>Orders</th> </tr> </thead> <tbody> <tr> <td>R</td> <td>R</td> <td>R</td> <td>R</td> <td>R</td> <td>R</td> <td>R</td> <td>R</td> <td>R</td> </tr> <tr> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> <td><input style="width:50px;" type="text"/></td> </tr> </tbody> </table>	Cash	Banknotes	Cheques		Stamps		Postal Orders		Money	Open	Crossed	Postal	Revenue	Open	Crossed	Orders	R	R	R	R	R	R	R	R	R	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>
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	Date of loss	<input style="width:150px;" type="text"/>	Time <input style="width:100px;" type="text"/>	Place <input style="width:150px;" type="text"/>																																
	Usual hours of business	From <input style="width:100px;" type="text"/>	To <input style="width:100px;" type="text"/>																																	
	Was cash lost	<table style="width:100%;"> <tr> <td>Whilst in actual transit?</td> <td>YES</td> <td>NO</td> <td>From Locked Safe?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>From Locked strong room?</td> <td>YES</td> <td>NO</td> <td><input style="width:150px;" type="text"/></td> <td></td> <td></td> </tr> </table>	Whilst in actual transit?	YES	NO	From Locked Safe?	YES	NO	From Locked strong room?	YES	NO	<input style="width:150px;" type="text"/>																								
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	From Locked strong room?	YES	NO	<input style="width:150px;" type="text"/>																																
	If loss from safe state	Make <input style="width:150px;" type="text"/>	Size <input style="width:100px;" type="text"/>																																	
	Is it built into wall?	YES	NO																																	
	Give particulars of any damage to safe or strongroom	<input style="width:100%; height:30px;" type="text"/>																																		
	Was loss reported to Police?	YES	NO	If YES, when? <input style="width:100px;" type="text"/>																																
			If YES, to which Police Station? <input style="width:100px;" type="text"/>																																	
Do you suspect anyone in particular?	YES	NO	If YES, whom? <input style="width:100px;" type="text"/>																																	
Do you hold any other insurance covering this loss?		YES	NO																																	
If YES, name of Insurer:	<input style="width:200px;" type="text"/>	Policy No.	<input style="width:150px;" type="text"/>																																	
How did loss occur?	<input style="width:100%; height:40px;" type="text"/>																																			
What steps do you propose taking to prevent a similar loss in future?	<input style="width:100%; height:40px;" type="text"/>																																			
<b>Authority of payment</b>	It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information																																			
	Name of Bank	<input style="width:100%;" type="text"/>																																		
	Account No.	<input style="width:100%;" type="text"/>																																		
	Account Type	<input style="width:100%;" type="text"/>																																		
	Branch & Code No.	<input style="width:100%;" type="text"/>																																		
Name of account Holder	<input style="width:100%;" type="text"/>																																			
<b>Declaration</b>	Signature	I hereby declare that the foregoing particulars to be true in every aspect and I will conform to the Policy Conditions																																		
		Capacity:	<input style="width:100%;" type="text"/>																																	
		Date:	<input style="width:100%;" type="text"/>																																	