

LOSS OF MONEY CLAIM FORM

Name of Insured _____

Address _____

VAT reg. number _____ Policy number _____ Due date _____

Date of loss _____ Time (e.g. 17:00) _____

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?

To which police station has the loss been reported? _____

Give the name of the investigating officer _____

Total amount of cash lost R _____

State whether treasury notes, cheques, postal orders, money orders, etc. Treasury notes R _____

Postal and money orders R _____

Cheques R _____

Other remittances R _____

Total amount of cash being conveyed at time of loss R _____

Do you suspect anyone in connection with the loss Yes No

If Yes, details please _____

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

 Signature Capacity Date