

NOTIFICATION OF MONEY INSURANCE CLAIM

Agent / Broker

No. of Insurance Policy

Name of Insured

Location of the claim

Day of loss,

Full address:

Date

Time

Phone

Fax No.

E-mail

Cause of loss (Please give a brief description)

Amount of lost or stolen money	
Was the loss reported to the police ?	Yes No If yes, Case No. If no, Why ?
Has the perpetrator been caught by the police ?	Yes No
When were you aware of the loss ?	

