NOTIFICATION OF MONEY INSURANCE CLAIM								
Agent / Broker								
No. of Insurance Policy								
Name of Insured								
		Lo	ation of the cla	iim				
Day of loss,		Ful	Full address:					
Date								
Time								
Phone					Fax No.			
E-mail								
Cause of loss (Please gir	ve 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	<u> </u>	No	
When were you aware of the loss ?								

Are there any other insurances upon the same property?	Yes No
	If yes, please mention
	policy no.
	insurance company
Have you ever before sustained loss of the same nature?	Yes No
If yes, please give a brief description.	
I/ we the above named being insured under the above policy do he	ereby declare and set forth that at or about o'clock a.m./p.m.
on thealos	
and I/we do further declare that it is not otherwise insured against burg	plary with this or any other office, expect as above stated
	Date & Signature of the Insured
Additional Space for Details:	
Documentation (only for company staff)	Agreement with the Insured
Claims No. :	<u> </u>
Quantum of loss/ reserve	