

Money Insurance Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period of Insurance	From To
Type	
Details of insured:	
a) Full name of insured	
b) Address of insured	
c) Details for business activity of the company and number of years in operation	
Details of incident:	
a) Day, date, and time	
b) Amount of loss	
c) Full address of the location / premises	
d) Transaction particulars upon which a claim is based mentioning brief circumstances of loss	
e) Did the incident take place during business hours or after business hours?	
f) Did the incident take place during transit of cash or within the premises?	
g) Were personal effects of employee(s) engaged in handling or transit of cash affected due to this incident? If so, to what extent? Mention name(s) & full particulars of those employee(s)	
h) If incident took place within premises:	
1. How was entrance into the premises gained?	
2. Which rooms/part of premises did the burglar entered?	
3. Was a safe or strong room affected / damaged? To what extent?	
4. What are the usual business hours?	

5. Was a security guard available at the time of incident?	
6. Was a burglar alarm activated when the burglar entered?	
7. (Please attach a sketch, showing place of occurrence of incident)	
i) If incident occurs either during transit or within 48 hours after reaching the premises: Was the stolen cash to be used for: (a) Payment of wages and/or salaries? (b) Other than wages and/or salaries? (c) Other cash in transit not (a) or (b) above (d) From which bank and at what date and time was the cash received and at what time was the cash brought to the premises, or vice-versa? Give full description of the premises. (e) Where was the lost cash kept after business hours?	
j) When did you inform the police authorities of the burglary? Attach copy of the report	
k) Are you the sole owner of the cash lost?	
l) Attach incident report of the sequence of events, signed by authorized person	
m) Any witness to the incident? If so, please attach witness statement	
Details of the employee from whose custody the cash was stolen:	
a) Name	
b) Nationality	
c) ID/Iqama Number	
d) Nature of job	
e) Address	
f) Give details of previous instances when a similar loss occurred involving the same location/premises and employee	
g) Details of losses	(As per Annexure)
h) Was any of the stolen cash recovered, (through police or directly)? If yes, please give details thereof	
i) Is there any other insurance against the described risk(s) upon the lost	

monies/goods/ property? If so, give full particulars	
j) What improvements to the company's procedures have been proposed/effectuated to avoid a recurrence?	

DECLARATION:

1. I/We the above named, being insured under the above policy, do hereby declare and set forth that a Burglary/Theft was committed at the above premises/location in the manner stated and the items/articles/goods enumerated in the list attached and valued at sum of _____ were stolen.
2. I/We do further declare that no other person has any interest in the said property, whether as owners, mortgagee, trustee or otherwise, and that it is not otherwise insured against the said risk(s), with this or any other insurance provider, except as above stated.
3. I/We do further declare that to the best of my/our knowledge and belief, all information provided is true and correct.

Signature of the Insured: _____

Name: _____

Date: _____

Stamp: _____