
MONEY/GOODS-IN-TRANSIT

PLEASE ANSWER ALL QUESTION
This form should be completed and returned within seven working days of its receipt by the Insured.

CLAIM NO: _____ **POLICY NUMBER** _____

Name of Insured in full _____

Date of payment of last premium _____

Private address _____

Business address _____

1a) State whether the property was stolen or lost _____

b) If stolen, do your suspicions rest on any one, and if so, who? _____

c) When and where was the property last seen by you? _____

2) On what date and time was the theft, or loss discovered and by whom? _____

3) State the circumstances under which the theft or loss took place _____

4) Are you the sole owner of the property? If not, give name of owner _____

5) If the claim is in respect of any article not separately mentioned, give the number of the Policy item _____
and the present value of all the property to which that item applies _____

6) If the property was stolen or lost, give the date the Police were advised, and name of station _____
In all such cases, the Police must be advised promptly? _____

7) Are there other insurances on the same property? _____

NOTE: The back of this form must be completed

8) Have you previously sustained any theft or loss property? _____

Was a claim made upon any Company or Underwriters? If so, give name, date, nature of loss _____

and amount paid _____

DETAILS OF LOSS

I HEREBY WARRANT: the truth of the foregoing statements.

Signature _____

Date _____

(N.B. Where Insured is a corporate body, the company stamp
Must be affixed along with the signature)