

**MONEY INSURANCE**

**CASH-IN-SAFE CLAIM FORM**

Policy Number	
1. Name & Address of Insured.	
2. Occupation	
3. Address of premises where loss occurred (State whether premises occupied solely by insured or also others)	
4. A) Date & Time of loss B) By whom was the loss discovered & when C) Give full details of how the loss/theft occurred. Giving full details of property lost.	
5. Has the police been notified? If so at what police station? Please also enclose copy of police report.	
6. Is there any evidence of theft or forcible entry or breaking into the safe.	
<b>7. Description of Safe:</b> A) Makers name, year of manufacture and purchase. Give also the size of the safe and where it is located B) Please give details of the locking device whether double lock fitted or safe fitted with burglar alarms. C) No. of keys to the safe, name of person in possession of the keys or with access to the keys. D) Please advise name of person who holds keys in his charge after working hours. E) Whether any keys were found to be missing after the loss?	

<p>8. A) please state time when safe was last opened prior to loss and by whom B) please give details collaborated with entries of cash/document etc. lodged in safe prior to loss. C)Details and amount of cash/documents found in safe after loss. Please state name of official who verified this amount. Also name(s) of any witness(es) if present.</p>	
<p>9. Has theft or loss occurred on the premises if so give details of loss.</p>	
<p>10. Are you insured against the present loss under any other policy. If so please give details of the insurance.</p>	

**I declare that all statement made on this form are true to the best of my knowledge and belief and that the articles and property described belong to the insured named , no other person having any interest therein, whether as owner, mortgagee, trustee or otherwise.**

Date:

Insured's Signature: