Meanwood General Insurance Ltd

Stand No. 1070, Fairview

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MONEY CLAIM FORM

(The issue of this form does not imply Admission of Liability on the part of the Company)

Please answer all question fully.

Name of Insured:……..……	
Address:…… Tel No:.....	
Business or Occupation:…….. Policy No:……..……..	
1. Is the money missing, Lost or Stolen?	
2. When did the Loss occur?	
3. Where did the Loss occur?	
4. How did the Loss occur?	
5. At what place, Date and Time was the Money last Seen by you?	Place: Date: Time:
6. Are you the sole owner of the Money? If not, give Details of the owner	
7. Did you inform the Police? If yes, give details	a) Name of person who notified:…….. b) Name of Police Station:…… c) Date:……..…….. Time:…….……..
8. Do you suspect someone to be connected with the Loss? If yes, give details	a) Yes/No:…….. b) Name:…… c) Address:……
9. Have you recovered any Money?	a) Yes/No:…….. b) If yes, how much?..... c) If not, what steps have you taken to recover the Money?.....
10. Are there any other Insurances on the Money Claimed for?	a) Yes/No:…….. b) If yes, name of Insurance Company:…… …….. c) Policy Number:……

11. Give full details of the Amount of the Loss.	a) Cash ZMK……. b) Cheque ZMK……..…….. c) Postal/Money Order ZMK…….. Total ZMK……..…….

I/We hereby declare that all statements on this form are in all respect True and Correct.

Signature:…… Date:……..

(If limited company, give status of signatory)