



Registered Office: 11&13 Milling Ave., Sea Lots, Port of Spain, Trinidad W.I., P.O. Box 283
Cable Address: FURNESS Telex: 22280, Tel. No.: 625-8013, 623-0868, 623-0869 Fax: 625-1243

Money Insurance Claim Form

Claim No: _____ Policy No: _____ Agent: _____

Name of Insured: _____ Telephone No: _____

Address of Insured: _____

Business: _____

1. When did the loss occur? Date: _____ Time: _____ a.m./p.m.

2. Where did the loss occur? _____

3. To whom does the lost Money belong? _____

4. Was the Money being used for the purposes of the Business? YES NO

If "NO" please explain

5. Please state the amount of Money lost. Cash: _____ Cheques: _____

6. Please indicate under which, if any, of the following items the loss falls:-

(a) Money in transit to and/or from the Bank, the Premises, your Contract Sites or any other premises at which you conduct business? YES

Undisbursed Wages and Salaries on the premises in locked safe? During Business Hours? YES

Money in the Night Safe at the Bank YES

(b) Money (other than undisbursed Wages and Salaries) on the premises

(i) During Business Hours? YES

(ii) Outside Business Hours contained in locked safe? YES

(iii) Outside Business Hours NOT contained in locked safe? YES

(c) Money at the private residence of any director, partner or authorised employee? YES

(d) Money in the custody of Collectors for paying in

(i) on the days of receipt? YES

(ii) on the next working day? YES

(e) Loss of or damage to Safe?

7. If there has been loss of or damage to the safe at the premises please state:-

(a) the present value of the safe _____

(b) the estimated cost of repair or replacement of the safe _____

8. State fully (on a separate sheet if necessary) how the loss or damage occurred

9. Have you notified the Police? YES NO
If "YES" please state

Date of notification _____ Address of Police Station _____

10. Is there any insurance in force covering this loss? YES NO
If "YES" please state name and address of other Insurers

11. Have you had any previous loss of a similar nature within the last five years? YES NO
If "YES" please give brief details

I/WE do hereby declare that the above is a true and accurate statement and that the Money and/or property insured under the specified Policy or Policies was/were lost and/or damaged in the manner to the extent stated and I/WE hereby claim from Anchorage General Insurance Ltd the sum of: _____

Signature of Claimant: _____

Date: _____