INSURANCE COMPANY LIMITED

LR. BROAD ST., BRIDGETOWN, BARBADOS, W.I.

Money In Transit Claim Form

Policy No. ....

Branch or Agent .... **Claim No.** ....

Name of Insured ....

Address ....

....

.... Telephone No. ....

Profession or occupation ....

Situation of premises or place where loss occured ....

....

Date of loss .... Time .... a.m./p.m.

Explain fully how the loss occured ....

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If the loss was in respect of money while in transit:—

How many authorised employees had custody of the money? ....

How was the money being conveyed (by car, on foot, etc.)? ....

When was the loss discovered? Date .... Time .... a.m./p.m.

By whom was the discovery made? ....

When was the money last seen? Date .... Time .... a.m./p.m.

By whom was it last seen? ....

When were the police notified? .... Address of Police Station ....

Have any other steps been taken to recover the money? ....

....

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE CLAIM IS IN RESPECT OF A THEFT AT YOUR OWN PREMISES.

If the loss relates to money on the premises for the payment of salaries, wages or other earnings when was it received into the premises? Date .... Time .... a.m./p.m.

If the money was NOT for the payment of wages etc. was the safe containing it cemented into a wall or bolted to a concrete floor? (Please say which): ....

Do you have a record of the amount of money in the safe at the time of loss? ....

Was anyone in the premises at the time of the theft? .... If so, please give names and addresses ....

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(Please turn to reverse side)

Have you ever sustained a loss or claimed against any Insurer for the risks covered by the policy under which this claim is made. If so, give particulars

DATE	INSURING COMPANY	PLACE OF LOSS	AMOUNT

Are you the sole owner of the lost money? ....

If not, state the name(s) of any other interested parties and the nature of their interest ....

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Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made. If so, please give details ....

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PARTICULARS OF THE CLAIM TO BE GIVEN UNDER THE RELEVANT ITEM

Item	TRANSIT OR CIRCUMSTANCE	AMOUNT OF LOSS
A	Money for the payment of salaries wages or other earnings whilst in the custody of the Insured or his authorised employees in course of direct transit either way between the Bank and the Insured's Premises	
B	Money for the payment of salaries wages or other earnings whilst on the Insured's Premises for a period not exceeding seventy two hours from the time of receipt into the Insured's Premises the said Money contained in a securely locked safe or strongroom whenever the Premises are left unoccupied	
C	Money other than described in Item A above whilst in the custody of the Insured or his authorised employees in course of direct transit either way between (i) the Insured's Premises and the Bank (ii) the Insured's Premises and the Post Office	
D	Money other than described in Items A.B and.C above whilst in the custody of the Insured or his authorised employees in transit from the time of receipt until delivered on the same day at the Insured's Premises or the Bank	
E	(Any other transit — described here)	
Money in locked safe other than money for salaries and wages or other earnings		

I/We declare the particulars given on this form are true and complete

Date .... *Signature of Insured* ....
(If a Limited Company give status of signatory).

IMPORTANT

This form should be completed and forwarded to the Company as soon as possible and in no case later than 30 days from the date of the occurence. Claimants are advised to read the conditions of the Company's policies regarding claims before completing this form.