

MONEY INSURANCE CLAIM FORM



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER.
THE COMPLETED CLAIM FORM SHOULD BE RETURNED TO THE COMPANY WITHIN 7 DAYS OF ITS
RECEIPT.)

Policy No.

Claim No.:

1	Insured's name, address and contact number.	
	Occupation	
2	Where did the loss occur?	
3	Date, day and time of loss	
4	When was the loss discovered and by whom?	
5	Narrate full circumstances of the loss.	
6	(a) Amount of loss	
	(b) Under what item of the Policy schedule does this loss fall to be dealt?	
Loss at Premises		
7	If loss occurred in Insured's premises, were they at that time occupied for business purposes?	
8	If loss occurred whilst premises were closed : (a) Was the cash secured in locked safe? (b) Was there evidence of forcible entry or exit?	
Loss in Transit		
9	(a) When and where was the cash being conveyed?	
	(b) By whom?	

Contd...2

Damaan Islamic Insurance Company – Beema (Q.P.S.C)

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	(c) Who was responsible for the cash at the time of the loss?	
	(d) In whose employment were the above parties and is there any Fidelity Guarantee Insurance covering them?	
	(e) To whom and by whom was a receipt last given in respect of the cash lost? (Please enclose receipt copy)	
10	(a) When were the Police notified and at what Station?	
	(b) What is the result of their investigation and has any cash been recovered?	
	Please submit as soon as possible a copy of the Police Report.	
11	Are you insured against the present loss under any other Policy? If so, give details.	
12	Give details, if any, of previous loss of this nature	

The undersigned declares that the foregoing statements are true and correct.

Date:
Signature and stamp of the Insured

Contd...2

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