



# Money Insurance Claim Form

Policy No.:

Claim No.:

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

## A. DETAILS OF INSURED

Name of Insured:	
Address:	
Tel No.:	Tel. No. (H/P):
Occupation:	Email:

## B. DETAILS OF LOSS

Situation of premises or place where loss occurred:	
Date of loss: <input type="text" value="dd/mm/yy"/>	Time: <input type="text" value="am/pm"/>
Explain fully how the loss occurred:	
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: <input type="text" value="dd/mm/yy"/>	Time: <input type="text" value="am/pm"/>
By whom was the discovery made?	
When was the money last seen? Date: <input type="text" value="dd/mm/yy"/>	Time: <input type="text" value="am/pm"/>
By whom was it last seen?	
Have any other steps been taken to recover the money? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details)	

## C. THEFT AT OWN PREMISE

Please answer the following questions if the claim is in respect of a theft at your own premises.

If the loss relates to money in the premise for the payment of salaries, wages or other earnings, when was it received into the premises?	
Date: <input type="text" value="dd/mm/yy"/>	Time: <input type="text" value="am/pm"/>
Do you have a record of the amount of money in the safe at the time of the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 yes, please give particulars)

DATE	INSURING COMPANY	PLACE OF LOSS	AMOUNT (RM)

Are you the sole owner of the lost money?  Yes  No  
(If no, state name(s) of any other interested parties and the nature of their interest)

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?  
 Yes  No  
(If yes, please give details)

#### D. PARTICULARS OF CLAIM

NO.	ITEM INSURED	AMOUNT OF LOSS (RM)

Was the safe damaged?  Yes  No  
(If yes, please give make & model and year of model)

Year Purchased:

Cost when purchased: RM

Amount of claim: RM

#### E. INSURED'S BANK DETAILS

Name (as per bank account):	
NRIC/Passport/Birth Cert. No.:	Email:
Bank Account No.:	
Name of Bank:	Bank SWIFT Code:
Bank Branch/Address:	

#### F. DECLARATION

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

Signature of employer:  
(If a limited Company, give status of signatory)

Date: dd/mm/yy

#### IMPORTANT NOTE

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 occurrence. Claimants are advised to read the conditions of the Company's policies regarding the claims before completing this form.