

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries
St. Lucia, W.I.

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

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? YES ____

Undisbursed Wages and Salaries on the Premises or on your Contract Site 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? YES ____

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 _____

