

General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, 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 ___ NO ___

Undisbursed Wages and Salaries on the premises in locked safe? YES ___ NO ___

Undisbursed Wages and Salaries on the Premises or on your Contract Site During Business Hours? YES ___ NO ___

Money in the Night Safe at the Bank? YES ___ NO ___

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

(i) During Business Hours? YES ___ NO ___

(ii) Outside Business Hours contained in locked safe? YES ___ NO ___

(iii) Outside Business Hours NOT contained in locked safe? YES ___ NO ___

(c) Money at the private residence of any director, partner or authorised employee? YES ___ NO ___

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

(i) on the days of receipt? YES ___ NO ___

(ii) on the next working day? YES ___ NO ___

(e) Loss of or damage to Safe? YES ___ NO ___

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 other 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 and to the extent stated and I/WE hereby claim from M & C General Insurance Company Limited the sum of \$

Signature of Claimant: _____ Date: _____