



VINSURE

ST. VINCENT INSURANCES LTD.

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Money Claim Form

Policy No.

Claim No.

INSURED

Insured's Name in full, Tel. No.

Insured's Private Address, Tel. No.

Insured's Business Address, Fax No.

Business or Occupation, E-mail.....

1. CIRCUMSTANCES

a. Date and time of loss a.

b. Address or location where loss occurred b.

c. If loss occurred while in transit, please state means of transport c.

d. Give name and address of carrier d.

e. Have you made a claim on or reported loss or damage to the carriers? e.

f. Do you suspect any particular person? If yes, whom? f.

g. Were the Police Authorities informed? (Please state address of station and date report was made) g.

2. PREMISES

a. If loss occurred at the Premises, were the Premises entered forcibly? a.

b. How was entry to the Premises gained? b.

c. Were the Premises occupied at the time of loss? If no, state date and time the Premises were last occupied. c.

d. Are the Premises protected by an alarm? If yes, did it operate? d.

e. If loss of or damage to the safe occurred at the premises, please state: e.

1. the present value of the safe 1.

2. the estimated cost or repair or replacement of the safe 2.

3. LOSS DETAILS

Please indicate loss amount to the applicable description provided below:

- a. money in transit to and/or from the bank
- b. money in transit to and/or from the premises
- c. money in transit from your Contract Sites or any other premises at which you conduct business
- d. money in night safe at the bank
- e. money on the premises during business hours
- f. money on the premises outside business hours contained in locked safe
- g. money on the premises outside business hours not contained in locked safe
- h. money at the private residence of any director, partner or authorised employee

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.

4. CLAIM HISTORY

- a. Have you previously sustained loss of or damage to property?
- b. Are there any other insurances in force covering this loss? If yes, please state name and address of the other company.

- a.
- b.

Please state (on a separate sheet if necessary) how the loss or damage occurred

I/We do hereby declare that the above-information given to ST. VINCENT INSURANCES LIMITED is a full, true and accurate statement, and I/We further declare that the money lost/property damaged, which is/are insured under the above-named Policy or Policies, was/were lost or damaged as aforesaid according to the extent and values stated and I/We hereby claim from ST. VINCENT INSURANCES LIMITED the sum of ECD.....

Signature of Insured

Date.....