



GUARDIAN GENERAL

I N S U R A N C E L I M I T E D

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Money Insurance Claim Form

Policy No.: _____ Claim No.: _____

Name of Insured _____

Address of Insured _____

Business: _____

Email Address: _____ Telephone Nos.: _____

1. When did the loss occur? Date: _____ Time _____ a.m./p.m.
2. Where did the loss occur? _____
3. To whom does the loss Money belong? _____
4. Was the Money being used for the purpose 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 Contact 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 _____

