

THEFT AND LOSS OF MONEY CLAIM FORM

Please answer every applicable question and attach supporting documents

CLAIM REFERENCE

Agency

Claim number

INSURED DETAILS

Name of insured

Physical address

P.O. Box

Telephone number

Email address

Policy number

CIRCUMSTANCES OF THE LOSS

When and where was the money last kept and seen?

Date last seen

Time last seen

Date loss was discovered

Time loss was discovered

Address where the loss occurred

When did the loss / theft occur?

Approximate time

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Circumstances and loss from premises

CIRCUMSTANCES - CONTINUED

Who was responsible for the safety of the money at the time of the loss?

How long has each responsible person been employed by you?

Do you suspect anyone may be implicated? If yes, give full particulars.

How often do you make cash balances?

When was the last balance before this loss?

Who are your bankers?

Does another party have an interest in the money?

Have you previously sustained a theft / loss of money? If yes, give particulars.

THEFT / LOSS FROM PREMISES

Were the premises forcibly entered?

If yes, how was entry effected?

From what part of the premises was the money removed?

Amount kept on the premises at the time

Amount stolen from the premises

What security precautions had been taken?

If there was no forced entry, how was the money accessed?

Who was present at the time of the loss / theft?

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Complete this section where the loss occurred while money was in transit

THEFT / LOSS FROM PREMISES - CONTINUED

Describe any damage to the premises.

THEFT / LOSS WHILST IN TRANSIT

Where was the money being transported to?

Where was it being transported from?

What was the purpose of the transportation?

Who was accompanying the money?

Do they usually accompany the money?

What relationship do they have with you?

If employed by you, how long has each person been employed?

Amount transported at the time

Amount usually transported

Amount stolen

Currency

What evidence shows that the money was actually stolen?

What security precautions were taken?

Provide any other relevant transit details.

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Attach supplementary pages and supporting documents where necessary

STATEMENT OF CIRCUMSTANCES

Describe fully how the theft / loss occurred. Include the sequence of events, the people involved, reports made and any recovery action taken.

Statement(s)

DECLARATION AND CLAIM

I/We declare that the statements and information in this form are true to the best of my/our knowledge. Accordingly, I/We claim the sum stated below.

Amount claimed (UGX)

Signature of insured / authorised representative

Date

Witness name and signature

Date

A typed name does not replace a handwritten signature where one is legally or procedurally required.