NICO General Insurance Company Limited

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MONEY CLAIM FORM

The issue of this claim form does not imply admission of liability on the part of this Company

All questions must be answered fully. Ticks and dashes are not acceptable.

Name of Insured : ----------

Postal Address : ----------

E-mail Address : ----------

Telephone No. : ---------- Fax No. ----------

Policy No. : ----------

1. Is the money missing, lost or stolen?	
2. When did the loss occur?	Date:
3. Where did the loss occur?	
4. State fully the circumstances under which the loss occurred.	
5. At what place, date and time was the Money last seen by you?	Place: Date : Time:
6. Are you the sole owner of the money? If not, whose money was it?	Yes / No
7. (a) Have the Police been notified? (b) If yes, give (i) Name of the Police Station (ii) Date of Notification (iii) Name of person who notified the police.	(a) (b) (I)_____ (ii)_____ (iii)_____
8. (a) Do you suspect someone to have been connected with the loss of the money? (b) If yes, give his name and address	(a) Yes / No (b)
9. (a) Has any money been recovered? (b) If yes, how much? (c) If not, what steps have been taken to recover the money?	(a) Yes / No (b) (c)

10. (a) Are there any other insurances on the money claimed for? (b) If yes, give name of Insurance Company and Policy Number.	(a) Yes / No (b)
11. Give full details of the amount of the loss	Cash ----------K Cheque ----------K Postal or Money Orders----K ---------- Total K ----------

I / We hereby declare that all statements on this form are in all respects true and correct.

SIGNATURE OF CLAIMANT: ----------DATE: ----------