



MONEY IN TRANSIT CLAIM FORM

CLAIM NO. _____

Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if required. Date format is DD/MM/YY. This form should be completed and forwarded to the Company as soon as possible and in no case later than 30 days from the date of the occurrence. Claimants are advised to read the conditions of the company's policies regarding claims before completing this form.

Branch/Agency _____

Policy No. _____ VAT No. _____

SECTION 1 CLAIM DETAILS

Name of Insured _____ Telephone No. _____

Email _____ Cell No. _____

Address _____

Nature of Business _____

Noting the definition below, please select which of the following is applicable to you:

- Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

A Politically Exposed Person (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates..

Situation of premises or place where loss occurred:

Date of Loss _____ Time _____ a.m./p.m.

Explain fully how the Loss occurred:

If the Loss was in respect to Money while in transit:

How many authorised employees had custody of the Money? _____

How was the Money being conveyed (by car, on foot, etc.)? _____

When was the Loss discovered? Date _____ Time _____ a.m./p.m.

By whom was the discovery made? _____

When was the money last seen? Date _____ Time _____ a.m./p.m.

By whom was it last seen? _____

When were the Police notified? _____

Address of Police Station _____

Please detail any other steps taken to recover the money:



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SECTION 2 THEFT FROM PREMISES

Please answer the following questions if the Claim is in respect of a theft at your own premises. Not Applicable

Does the Loss relate to Money on the premises for the payment of salaries, wages or other earnings? Yes No

If Yes, when was it received into the premises? Date _____ Time _____ a.m./p.m.

If No, was the safe containing it? cemented into a wall bolted to a concrete floor

Do you have a record of the amount of money in the safe at the time of loss? Yes No

Was anyone in the premises at the time of the theft? Yes No If Yes, please provide the following information:

	Person 1	Person 2	Person 3
Name			
Address			
Contact No.			

Have you ever sustained a Loss or claimed against the Insurer for the risks covered by the Policy under which this Claim is made? Yes No If Yes, please give particulars:

Date	Company	Place of loss	Amount

Are you the sole owner of the lost Money? Yes No If No, state the name(s) of any other interested parties and the nature of their interest.

Was there at any time of the occurrence any other existing insurance effected by you or any persons, on the property for which this claim is made? Yes No If Yes, give details:

SECTION 3 PARTICULARS OF THE CLAIM

Please give particulars of any claim under the relevant item below:

Item	Transit or Circumstance	Amount of Loss
A	Money for the payment of salaries or other earnings whilst in custody of the Insured or his authorised employees in course of direct transit either way between the Bank and the Insured's Premises.	
B	Money for the payment of salaries wages or other earnings whilst on the Insured's Premises for a period not exceeding seventy two hours from the time of receipt into the Insured's Premises the said Money contained in a securely locked safe or strongroom whenever the Premises are left unoccupied.	
C	Money other than described in the item A above whilst in the custody of the Insured or his authorised employees in course of direct transit either way between. (1) the Insured's Premises and the Bank (2) the Insured's Premises and the Post Office	
D	Money other than described in items A B and C above whilst in the custody of the Insured or his authorised employees in transit from the time of the receipt until delivered on the same day at the Insured's Premises or the bank.	
E	(Any other transit - describe here)	
Money in locked safe other than money for salaries and wages or other earnings.		

SECTION 4 DECLARATION

I/We hereby declare that the foregoing particulars provided by me/us are true and correct to the best of my/our knowledge and belief. I am/we are aware that the failure by me/us to provide information that is true and correct to the best of my/our knowledge and belief, or the withholding of information relevant to this claim may result in CG United Insurance Ltd. denying or voiding this claim, or in criminal prosecution and/or civil proceedings being brought against me/us in accordance with relevant Laws.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Name (if not Insured) _____ Job Title/Position _____

Signature _____ Date _____