

MONEY INSURANCE CLAIM FORM

I/We,õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ
Of $\tilde{0}$
Being insured under Policy Noõ õ õ õ õ õ õ õ õ õ õ o o o o o o o o
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a loss occurred occasioned, to the best of my/our knowledge and belief in the following
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And I/We further declare that the money/stamps overleaf, belonging to me/us, and insured
under the said Policy, was/were lost/stolen and represent(s) the sum I/we am/are entitled to
claim in the terms of the Policy.

I/We also declare that the whole of the Statements made by me/us in this Form of Claim are in every respect true.

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Discovery of Loss: The insured must promptly take all practicable steps for tracing and recovering the lost/stolen money/stamps.

Notification of Police: The Police Authorities must be notified of the loss without delay.

Accuracy of Statements: It is a condition of the Policy that is shall be void if any claim be fraudulent or intentionally exaggerated or if any false statement or declaration be made in support of it. It is therefore important that care should be exercised in filling up the annexed statement

QUESTIONS TO BE ANSWERED BY CLAIMANT



