



MONEY INSURANCE CLAIM FORM

I/We, _____
Of _____ Phone No _____ .
Being insured under Policy No _____ .do hereby declare that at or
about _____ .On _____ the _____ day of _____
a loss occurred occasioned, to the best of my/our knowledge and belief in the following
manner _____ .
_____ ..
_____ ..

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.

Witness my/our hand this _____ day of _____ ..

Witness _____ Claimants Signature _____

Occupation _____ .. Occupation _____

Statement of the Insurances in forces upon the property above described

_____ ..in the _____ Insurance Co., by Policy

No _____

_____ ..in the _____ Insurance Co., by Policy

No _____ .

