



**MONEY INSURANCE CLAIM FORM**

I/We, \_\_\_\_\_  
Of \_\_\_\_\_ Phone No \_\_\_\_\_ .  
Being insured under Policy No \_\_\_\_\_ .do hereby declare that at or  
about \_\_\_\_\_ .Oclock 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 \_\_\_\_\_ .

