



GUINEA INSURANCE PLC RC1808

10th Floor, Reinsurance House
46 Marina, Lagos
01-8446470; 01-4622050-2

MONEY CLAIM FORM

Please complete this form as fully and accurately as possible and return it immediately.

Claim NoPolicy NoAgency

STATEMENT AND PARTICULARS. OF CLAIM

This Form is issued on receipt of notice of loss or damage but is in no way an admission of a Claim

- Name in Full _____
Business or Occupation _____
Address _____
Email Address _____
Where can you be seen ? _____
Telephone No. _____

PARTICULARS OF OCCURRENCE:

- Place where loss or damage occurred _____
Date of loss Occurrence ____ 20 ____ between the hours of ____ am. And ____ pm
Date Discovered _____ 20 ____ at ____ am

Describe fully how loss or damage occurred and circumstances under which discovered:-

3. Have you a safe? if so, please state make, size, weight, situation and how fixed	
4. If the money was stolen from a safe, state (a) if safe was locked (b) location of keys	
5. Are you the sale owner of the money or property claimed for? if not give particulars	
6. To what Police Station was notice given? Date of Notice	

7. Have you any suspicions as to parties implicated?	
8. What steps have you taken to prevent a recurrence? ...	
9. State what other Insurances are in force upon the money or property loss or damaged	
10. Have you "stopped" all missing cheques at your bank	
11. Date of Payment of last Premium	Receipt No.....

INSTRUCTIONS REGARDING CLAIM

1. DISCOVERY OF LOSS - The Insured must promptly take all practical steps for tracing and recovering the Property lost and in the event of loss by theft for discovering and punishing the guilty party or parties.
2. PARTICULARS OF CLAIM - Details of Money lost or stolen should be described under Part A the detailed list Property damaged (i.e. safes or clothing if covered) should be described under Part B of the list

PART A	MONEY	Amount Claimed
	Description of Money <i>(i.e. Cheques, Notes, Silver, Stamps. etc.)</i>	

PART B PROPERTY OTHER THAN MONEY	WHEN AND WHERE BOUGHT	PRICE PAID	ALLOWANCE WEAR ANDTEAR DEPRECIATION.		AMOUNT CLAIMED	
			₱	K	₱	K

I HEREBY DELCARE that the money and / or property claimed for has been lost, stolen, destroyed or damaged, and that all statements on this Form are to the best of my knowledge and belief, correct.

Signature of Insure d.....
Date