

Plot 3A, Luthuli Avenue, Bugolobi. P.O. Box 5245 Kampala, Uganda Tel: +256 414 342 863 | +256 414 233 750 Email: fico@fico.co.ug

MONEY INSURANCE CLAIM FORM

(WITHOUT PREJUDICE)

ANSWER ALL QUESTIONS AND FULLY

Policy	No. C.T Claim No
1.	Name of Insured (in full)
2.	Address:
3.	Occupation:
4.	a. When was the loss discovered? (Give time & date) b. What were the places between which money was in transit? c. How and where did the loss occur? d. What was the amount being carried?
5.	In whose custody was the money at the time of loss?
6.	Were the persons conveying the money accompanied by an armed guard? If not, state what protection if any, was provided?
7.	How was the money being carried? (i.e. whether in bags trunks, etc, and in how many of them)
8.	What means of transport was being used by the persons conveying the money?
9.	Give the circumstances of the loss or damage (full particulars must be given).
10.	What is the amount of loss?
11.	Have you informed the policy authorities? If so when and where?
12.	What steps have been taken to recover the lost money?
13.	Were the persons conveying the money covered under Fidelity Guarantee Policy / Policies? If so, for what sums and with which office/s?

14. Are there any other insurance up	pon the same money? If so, give full particulars.
	loss of the same nature? If so give particulars.
truth of the foregoing statements declaration in company may requ	y to the best of my/our knowledge and belief warrant the in every respect and I/We have made, or in any further uire in respect of the said loss shall make any false or pression or concealment my/our claim shall be absolutely eforth be null and void.
Witness(Signature)	Insured's Signature
Name	Date:
Date	_