

# Insurance Claim Form Stolen Money



Establishment			
Address			
Telephone No		Contact Name	

Incident Date		Time	
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<b>In what circumstances did the loss arise?</b>

<b>If the property was kept on the premises at the time of loss, please state :-</b>	
<ul style="list-style-type: none"> <li>The security precautions - including alarm system and security patrols - which were in operation</li> <li>The method of effecting entry, indicating also the actual part of the building by which access was gained</li> <li>From what part of the premises the property was taken. Please also give details of locked safe ( or locked drawer/cupboard) in which the money was kept</li> <li>If the locked receptacle referred to above was not forcibly opened, how and from where were the keys obtained.</li> <li>If the money was not in a locked safe ( or locked drawer) from where was it taken</li> </ul>	

<b>If the money was lost in transit please state :-</b>	
<ul style="list-style-type: none"> <li>Whether in the custody of the Insured's employees.</li> <li>How it was carried and if escorts were in attendance.</li> </ul>	

<b>Please state what precautions have been taken to prevent a recurrence of an incident of this nature.</b>	
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<b>When were the Police notified? Crime Log Number</b>	
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<b>Has there been a previous loss from the same premises or during a similar transit?</b>	
If so, give details and indicate the steps then taken to prevent a recurrence.	

Details of Loss	
Description of loss - please state purpose of money i.e. Petty Cash, Postage Stamps etc.	Value £
<b>Total</b>	

<b>DECLARATION</b>
I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.
Signature ..... Date .....

Please return completed form to : **The Risk & Insurance Team, 3<sup>rd</sup> Floor, South Wing, New County Hall, Truro, TR1 3AY**