



Industrial and General Insurance Plc

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MONEY INSURANCE CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY ISSUE OF THIS ISSUE

Please answer all questions fully and return forms without delay.

Policy No Claim No

Agency

Insured

Contact Address State

Postal Address State

Occupation

Telephone Mobile Email

Last premium

State the date and time when the loss occurred Date: Time

PARTICULARS OF LOSS

Please give the following information about your loss:

When did it happen? At am / pm on Where did it happen?

When did it happen? At YES NO

If loss was sustained while in transit, give name, position and salary of the employee in charge of the money

Was there any police escort: YES NO

How much was in the employee's charge at the commencement of the journey?

What disbursement were made by him during the journey?

Have you any reason to doubt the integrity of the employee YES NO

If loss was sustained while in safe, give the name of the person who discovered loss:

If the money was stolen from a safe, state:
If the safe was locked

Location of key

Are you the sole owner of the money being claimed for? If not give particulars

How did it happen?

Have you any suspicions as to parties implicated? Yes

No

Has the police been notified? Yes

No

If so at which station?

What steps have you taken to prevent a recurrence?

Are you insured elsewhere against this risk? If so give name of Company

Have you "stopped" all missing cheques at your bank? Yes

No

Details of money lost should be described under part A of the detailed list

Property Damaged (i.e. safes or clothing if covered) should be described under part b of the list

PART A MONEY Description of Money (i.e. Cheques, Notes, Silver, Stamps etc.)	Amount Claimed
PART B PROPERTY OTHER THAN MONEY	

I / We declare that the foregoing answers are true and complete

Signature Date