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**CASH IN TRANSIT CLAIM**

**This form should be completed and returned within seven days of its receipt by the Insured.  
PARTICULARS OF CLAIM**Name of Insured in full Tel. No.

Policy No. Date of payment or last premium

Address

|  |  |  |  |
| --- | --- | --- | --- |
| I. When did loss occur? | Date | Time | a.m. |
| P.m. |
| 2. When was loss discovered? | Date | Time | a. m. |
| P.m. |
| 3. By whom was loss discovered? | Name |  |  |
| 4. Where did loss occur? |  |  |  |
| 5. Amount of loss | **KSH.** |  |  |
| 6. Please state starting point and  destination of "Transit" and describe  fully the circumstances in which the  loss took place |  |  |  |
| 7. State (a) date loss notified to Police  (b) name and address of Police  Station | (a)  (b) |  |  |
| 8. Have you any suspicions as to parties  implicate? If so, give full particulars |  |  |  |
| 9. (a) Was any employee of yours  involved?  (b) If so please give | (a)  (b) Name  Address  Nature of duties |  | Age  Length of Service |
| 10. (a) How often is a transit made?  (b) How many employees are  engaged therein?  (c) What is the maximum amount in  transit at any one time?  (d) State total amount in transit  during past 12 months | (a)  (b)  (c)  (d) |  |  |

|  |  |
| --- | --- |
| 11. Are you insured elsewhere in respect  of this risk? |  |
| 12. Have you previously suffered loss of  this nature? If so, give details |  |
| 13. Have you ever had an insurance of  this nature declined or terminated? |  |
| 14. (a) Are any of your employees  Insured under a Fidelity  Guarantee Policy?  (b) If so, state with which Company | (a)  (b) |

**I/We solemnly declare** that the money forming the subject of this claim, belonging to me/us and insured under the said Policy, was either stolen or lost in the manner indicated, and that the amount stated represents the sum I/we am/are entitled to claim in terms of the Policy and of the instructions annexed thereto.

I/We further declare that no other person has any interest in the said money, that it is not otherwise insured except as herein mentioned, that I/We have not withheld any material information and that all the statements on this form are to the best of my/our knowledge and belief, correct.

Witness my hand this day of 20…………………………………………………

Signature of Claimant …………………………………………………………………………………………………………..

Occupation ……………………………………………………………………………………………………………………….

Private Address……………………………………………………………………………………………………………………

Business Address………………………………………… Telephone No……………………………………………………….

Witness ……………

Address ……………

**INSTRUCTIONS REGARDING CLAIMS**

**N.B - The Statement Claim duly completed should be delivered to the Company immediately**

1. **Discovery of Loss.**

The Insured must take promptly all practicable steps, including the giving of immediate notice to the Police for discovering and punishing the guilty party, if any and for tracing and recovering the property lost

1. **Accuracy of Statements.**

It is a condition of the Policy that it shall be void if any false statement or declaration is made in support of the claim. It s therefore important that care should be exercised in completing this claims form.

1. **Particulars of Claim.**

Replies to questions should be as full as possible and any suspicions as to parties implicated should be communicated to the Company