



**WAPIC INSURANCE PLC  
MONEY INSURANCE CLAIM FORM**

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

**Name..... Policy number.....**

**Address.....**

**Date of payment of last premium.....**

**Business or occupation .....**

**Telephone number.....**

**Please give the following information about your loss:**

**1. (a) When did it happen?**

.....a.m./p.m.....

**(b)Where did it happen?**

.....

**(c) Was the money in transit or in safe?**

.....

**2. (a) If in transit, give names, positions, and salary of employee(s) in charge of the money.**

**(1).....**

**(ii).....**

**(b) Was there any police escort?**

.....

**3. (a) If loss was sustained whilst in safe, give the name of the person who discovered the loss .....**

**(b) Was the safe bricked into the wall or standing free?**

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**(c) Give the names and positions of employees in charge of the key(s)**

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**(d) State salary, commission or other remuneration's paid to him/her**

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**4. Describe the incident**

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**5. (a) Have the police been notified?**

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**(b) If so, which station .....**

**6. Have you ever sustained a previous loss coming within the scope of this policy?**

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**7. What is the amount of loss and what did it consist?**

.....

**I/WE declare that the foregoing answers are true and complete.**

**Date .....**

**Signature.....**