

CORNERSTONE INSURANCE PLC

RC: 163170

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Cornerstone

CLAIM NO. _____

MONEY CLAIM FORM

I/We, _____

Of _____ Phone No. _____

Being insured under Policy No. _____ Do hereby declare that at or about
_____ O'clock, on _____ the _____ day of
_____ 20_____ a loss occurred occasioned, to the best of my/our knowledge and
belief, in the following manner _____

And I/We further declare that the money/stamps overleaf, belonging to me/us, and insured under the
said policy, was /were lost/stolen and represent(s) the sum I/we am/are entitled to claim in terms of the
Policy.

I/We also declare that the whole of the Statements made by me/us in this Form of Claim are in every
respect true.

Witness my/our hand this _____ day of _____ 20 _____

Witness _____ Claimant's Signature _____

Occupation _____ Occupation _____

Statement of the Insurances in force upon the property above described

₦ _____ In the _____ Insurance Co., by Policy No. _____

₦ _____ In the _____ Insurance Co., by Policy No. _____

Discovery of Loss: The Insured must promptly take all practicable steps for tracing and recovering the
lost/stolen money/stamps

Notification of Police: The Police Authorities must be notified of the loss without delay.
Accuracy of Statements: It is a condition of the Policy that it shall be void if any Claim be fraudulent or
intentionally exaggerated or if any false statement or declaration be made in support of it. It is therefore
important that care should be exercised in filling up the annexed statement.



CORNERSTONE INSURANCE PLC
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QUESTIONS TO BE ANSWERED BY CLAIMANT

1. On what date and at what hour was the loss discovered and by whom? _____

2. Give date the Police were advised and name of Police station _____

3. What other steps have been taken to discover the guilty person or persons, and to recover the money/stamps lost? _____

4. What is the amount of the loss and of what did it consist? _____

5. (a) Give name and address of the employee in charge of the money/stamps _____

(b) In what capacity is he employed by you? _____
(c) How long has he been in your service? _____
(d) Is he still in your service? _____
(e) State the salary, commission or other remuneration paid to him _____
(f) Has he been concerned in any previous loss? _____
6. (a) How much was in the employee's charge at the commencement of the journey?

- (b) What disbursements were made by him during the journey? _____
- (c) Have you any reason to doubt the integrity of the employee? _____
7. Have you ever sustained a previous loss coming within the scope of this policy?
