



**GHANA UNION ASSURANCE COMPANY LIMITED**

**LOSS OF MONEY CLAIM FORM**

**CLAIM NO**.....

(Please answer questions fully and return this form as soon as possible within the period allowed by the Policy)

**POLICY NO** ..... **Date of Payment of last Premium**.....

Name of Insured.....

Occupation.....

Address..... Telephone (Business).....

.....(Home).....

**PARTICULARS OF OCCURRENCE**

Place (Address).....

In the occupation of.....

Date committed.....20..... between the hours of .....and.....

Date discovered.....20.....at.....a.m./p.m. by.....

Circumstances of Loss.....

When did you report the loss to the Police and where?.....

Give particulars of your loss (cash, cheques, postal orders, stamps, etc.) as follows:

	<u>Description</u>	<u>Amount</u>	<u>Belonging to</u>
(i)	.....	¢.....	.....
(ii)	.....	¢.....	.....
(iii)	.....	¢.....	.....
(iv)	.....	¢.....	.....
(v)	.....	¢.....	.....

**Total** \_\_\_\_\_

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

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IF LOSS FROM PREMISES BY BURGLARY OR HOUSEBREAKING

How was entry to the premises effected?.....

Was money stolen from safe?..... If so:-

- (a) give particulars of safe – Make.....  
Dimensions..... Estimated Value ₦.....
- (b) was safe removed from premises?.....if not how was it opened?.....
- (c) was safe damaged?..... if so to what extent?.....
- (d) advise name of Burglary Insurers.....

If money not stolen from safe state where on premises money was contained.....

Do your suspicions rest on anyone?.....if so whom?.....

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**IF LOSS DUE TO A CAUSE OTHER THAN BURGLARY OR HOUSEBREAKING FROM BUSINESS PREMISES**

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Give name and address of the employee in charge of the money/stamps  
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In what capacity is he employed by you?.....

How long has he been in your service?.....

Is he still in your service?.....

State the salary, commission or other remuneration paid to him.....

Has he been concerned in any previous loss?.....

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

What disbursements were made by him during the journey?.....

Have you any reason to doubt the integrity of the employee?.....

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**I HEREBY DECLARE** that the Property claimed for, particulars of which are given overleaf, has been stolen or damaged and that all the statements on this form are, to the best of my knowledge and belief, correct.

Date.....20..... Signature of Insured.....

**DISCOVERY OF LOSS:** *The Insured must take all practicable steps to trace the property and secure conviction of the guilty party or parties.*

**NOTIFICATION TO POLICE:** *The Police Authorities must be notified of loss without delay.*

**The Company does not admit liability by the issue of this form.**