

Head Office: Telephone:

Website:

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31-33 Independence Avenue, San Fernando, 600202, Trinidad & Tobago Branch Office: (868) 657-GGIL (4445) - Fax: (868) 652-5228 Telephone:

www.myguardiangroup.com

MONEY INSURANCE CLAIM FORM EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Address: Telephone Nos.: When did the loss occur? Date: Timea.m/p.m. mm/dd/yy Where did the loss occur? To whom does the lost Money belong?	d						
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To whom does the lost Money belong? Was the Money being used for the purpose of the Business? YES \ \text{NO'}, please explain Please state the amount of Money lost \$	ness						
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Was the Money being used for the purpose of the Business? If 'NO', please explain Please state the amount of Money lost \$	٧	Vhe	re did the loss occur?				
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Please indicate under which, if any, of the following items the loss falls:- (a) Money in transit to and/or from the Bank, the Premises, your Contract Sites or any other Premises at which you conduct business? Undisbursed Wages and Salaries on the Premises in locked safe? Undisbursed Wages and Salaries on the Premises or on your Contract Site during business hours? Money in the Night Safe at the Bank? YES □ Money (other than undisbursed Wages and Salaries) on the Premises (i) During Business Hours (ii) Outside Business Hours contained in locked safe? YES □ (iii) Outside Business Hours NOT contained in locked safe? YES □ (c) Money at the private residence of any director, partner or authorised employee? (d) Money in the custody of Collectors for paying in (i) on the days of receipt? (ii) on the next working day? YES □ If there has been loss of or damage to the safe at the premises please state:- (a) the present value of the safe			O', please explain		NO [
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State fully (on a separate sheet if necessary) how the loss or damage occurred							

9.	Have you notified the Police If "YES", please state	YES 🗆	NO 🗆
	Date of notification Address of Police Station		_
10.	Is there any other insurance in force covering the loss? If "YES", please state name and address of other Insurers	YES 🗆	NO 🗆
11.	Have you had any previous loss of a similar nature within the last five years? If "YES", please give brief details	YES 🗆	NO 🗆
I/We th	ne undersigned, do hereby declare that, to the best of my/our knowledge and belief, th i.	e foregoing particul	ars are true and
Signat	ure of Insured/Claimant Date		
If Com	ure of Insured/Claimant Date pany Please Affix Company Stamp m	m/dd/yy	