



OCCIDENTAL INSURANCE COMPANY LIMITED

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“CASH IN TRANSIT” CLAIM FORM

CLAIM NO:.....

POLICY NO:.....

The issue of this form is not to be taken as an admission of liability

ANSWER ALL QUESTIONS AND FULLY

1. Name of Insured (in full):.....

2. Address:.....

3. Occupation:.....

4. (a) When was the loss discovered?.....

(b) What were the places between
which money was in transit?.....

(c) When and where did the loss occur?.....

(d) What was the amount being carried?.....

5. In whose custody was the money at the time
of loss?.....

6. Were the persons conveying the money
accompanied by an armed guard? if not,
state what protection, if any, provided?

7. How was the money being carried?
(i.e whether in bags, trunks, etc.
and in how many of them?)

8. What means of transport was being used
by the persons conveying the money?

9. Give the circumstances of the loss
damage (full particulars must be given)

10. what is the amount of loss?.....

11. Have you informed the police
authorities? If so, when and where?

12. What steps have you taken to
recover the lost money?

13. Were the persons conveying the money
covered under the fidelity Gurantee Policy/
Policies? If so, what sums and with which
office/ company?

14. Are there any other insurance upon the
same money? If so, give full particulars?

15. Have you ever before sustained loss of
the same nature? If so, give particulars?

I / We the above named, do hereby to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I / We agree that if I /We have made, or in any further declaration the Company may require in respect of the said loss, shall make any false or fraudulent statement, or any suppression or concealment my/ our claim shall be absolutely forfeited, and the policy shall henceforth be null and void.

DATE: _____ SIGNATURE: _____

WITNESS: