

MONEY INSURANCE LOSS REPORT

This form should be completed and returned to the company immediately, whether a claim has been made on the insured or not.

1. Name of Insured _____ Policy No. _____
Address _____
Business _____
2. Date, and time of Loss _____
3. Location of Loss _____
4. Cause of Loss _____

5. Nature and Extent of Loss _____
6. (a) Name and Address of Witnesses to Incident _____

- (b) Estimated Quantum of Loss _____
7. What steps were taken to reduce loss? _____
8. Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom _____
9. Has the accident been reported to the police? _____
10. Give the number/name of the police officer if any, who took particulars _____

11. Has any suspects been arrested? _____

I/We hereby declared that to the best of my/our knowledge and belief, the above statements are fully and truly made.

Date _____ Insured's Signature _____