



BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

HEAD OFFICE: 36 DUKE STREET, KINGSTON, JAMAICA, W.I. • TEL.: (876) 922-1260, 922-6669, 922-2546 FAX: (876) 922-4475
BRANCH OFFICES: MONTEGO BAY - SHOP #42, OVERTON PLAZA • TEL.: (876) 952-7219, 952-3877, 952-7101 FAX: (876) 952-7101
MANDEVILLE - CRNR. BRUMALIA & CALEDONIA ROADS • TEL.: (876) 961-1210, 961-1608-9 FAX: (876) 961-2334

MONEY CLAIM FORM

CLAIM NO.

I/We,
of Phone No
being insured under Policy No do hereby declare that at or about
..... o'clock, on the day of
..... 19 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 the 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 19

Witness Claimant's signature

Occupation Occupation

Statement of the Insurances in force upon the property above described

\$ in the Insurance Co., by Policy No

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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.

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?.....
.....