OLEA
INSURANCE SOLUTIONS AFRICA

LOSS OF MONEY CLAIM

Name of Insured: _____

Address: _____

VAT reg. number: _____ Policy number: _____ Due date: _____

Date of loss: _____ Time (e.g. 17:00): _____

Name of person conveying cash: _____

How long has he/she been in your employ: _____ Does he/she regularly convey cash: Please select

Please give a detailed statement of the circumstances of the loss:

From and to where was the cash being carried?

To which police station has the loss been reported? _____

Give the name of the investigating officer: _____

Total amount of cash lost: R _____

State whether treasury notes, cheques, postal orders, money orders, etc.

Treasury notes: R _____

Postal and money orders: R _____

Cheques: R _____

Other remittances: R _____

Total amount of cash being conveyed at time of loss: **R** 0.00

Do you suspect anyone in connection with the loss? Please select

If YES, please provide details:

Declaration

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that the Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Protection of personal information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signature _____ Capacity _____ Date _____