# Niko Insurance (Tanzania) Limited

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# MONEY CLAIM FORM

***The issue of this claim form does not imply admission of liability on the part of this Company***
***All questions must be answered fully. Ticks and dashes are not acceptable.***

Name of Insured : ----------

Postal Address : ----------

E-mail Address : ----------

Telephone No. : ---------- Fax No. ----------

Policy No. : ----------

| | |
|---|---|
| 1. Is the money missing, lost or stolen? | |
| 2. When did the loss occur? | Date: |
| 3. Where did the loss occur? | |
| 4. State fully the circumstances under which the loss occurred. | |
| 5. At what place, date and time was the Money last seen by you? | Place:<br><br>Date : Time: |
| 6. Are you the sole owner of the money? If not, whose money was it? | Yes / No |
| 7. (a) Have the Police been notified?<br>(b) If yes, give<br>(i) Name of the Police Station<br>(ii) Date of Notification<br>(iii) Name of person who notified the police. | (a)<br>(b) (I)_____<br><br>(ii)_____<br><br>(iii)_____ |
| 8. (a) Do you suspect someone to have been connected with the loss of the money?<br>(b) If yes, give his name and address | (a) Yes / No<br><br>(b) |

| | |
|---|---|
| 9. (a) Has any money been recovered?<br>(b) If yes, how much?<br>(c) If not, what steps have been taken to recover the money? | (a) Yes / No<br>(b)<br>(c) |
| 10. (a) Are there any other insurances on the money claimed for?<br><br>(b) If yes, give name of Insurance Company and Policy Number. | (a) Yes / No<br><br>(b) |
| 11. Give full details of the amount of the loss | Cash ----------K<br><br>Cheque ----------K<br><br>Postal or Money Orders----K<br>----------<br>Total K<br>---------- |

I / We hereby declare that all statements on this form are in all respects true and correct.

SIGNATURE OF CLAIMANT: ----------DATE: ----------