Alliance Africa General Insurance Limited
P. O. Box 7308, 2nd Floor, Plot 9, Yusuf Lule Road Kampala,Uganda Tel:+256 392 177 281/2 +256 759 478 181
Email:admin@allianceug.com Website:www.allianceug.com

MONEY INSURANCE CLAIM FORM

(WITHOUT PREJUDICE)

(Answer all questions fully)

1. Policy Information

- **Policy No. C.T.:** .....
- **Claim No.:** .....

2. Insured Details

- **Name of Insured (in full):** .....
- **Address:** .....
- **Occupation:** .....

3. Loss Information

- **Date & Time Loss Discovered:** .....
- **Transit Route (places between which money was in transit):** .....
- **How & Where Loss Occurred:** .....
- **Amount Being Carried:** .....
- **Custodian of Money at Time of Loss:** .....
- **Armed Guard Present?** Yes / No
  - If No, state protection provided: .....
- **How Money Was Carried (bags, trunks, etc., and how many):** .....
- **Means of Transport Used:** .....

4. Circumstances of Loss

- **Full Particulars:** .....
- **Amount of Loss:** .....
- **Police Authorities Informed?** Yes / No
    - If Yes, state when & where: .....
- **Steps Taken to Recover Lost Money:** .....

5. Insurance Coverage

- **Were Persons Conveying Money Covered Under Fidelity Guarantee Policy?** Yes / No
    - If Yes, state sums insured and office(s): .....
- **Other Insurance on Same Money?** Yes / No
    - If Yes, give full particulars: .....
- **Previous Losses of Same Nature?** Yes / No
    - If Yes, give particulars: .....

6. Declaration

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

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. I/We agree that if any false or fraudulent statement or suppression/concealment is made, my/our claim shall be forfeited and the Policy shall be null and void.

- **Witness:** .....
- **Insured's Signature:** .....
- **Name:** .....
- **Date:** .....