

## **INSURANCE CLAIM NOTE** MONEY INSURANCE (Cash In Safe & Cash In Transit) / FIDELITY GUARANTEE INSURANCE

	erewith my / our cla claim at the earliest		oned with the request that you will be enough to make
The Insured	Name		
	Address	:	
Policy No.		:	
Insurance Period		:	
Interest Insured / Sum(s) Insured		:	
Date and Time of accident			
Place of accident		·	
	se. extent and outc	ome of the accident :	
Damanta d DaliaC	tatia.		
Reported Policy Station		· · · · · · · · · · · · · · · · · · ·	
Specification of Loss and Amount		:	
Do you have any o	other insurance to	cover the loss?( ) Yes (	) No
Total Claim		:	
Attached Docum	ents ( Claim Supp	orting Documents):	
	n / estimation of Repair or I		
Detailed Acciden		•	
Police Report			
	cumstance of accident		
Other Claim Supp	orting Documents		
PLASE REMIT	THE PAYMENT TO	 ):	]
Bank :			Yours faithfully,
Address	:		,
In Favour of Account No.	:		
(IDR)	:		
	: :		
(03D)			
			()
L			Authorized Signature & Cov Stamp