

**CLAIM FORM  
MONEY INSURANCE**

1)	Name and Address of the Contributor	:	
2)	Occupation	:	
3)	Policy Number	:	
4)	Date and time of Loss	:	
5)	Date of discovery of Loss	:	
6)	What were the places between which money was in transit?	:	
7)	In whose custody the money was at the time of loss	:	
8)	Are there any other persons who are accompanying the person carrying money?	:	
9)	Details of Security at the time of loss	:	
10)	Brief details of circumstances of loss	:	
11)	How was the money carried and on what conveyance?	:	
12)	Amount of money being carried and whether they are checked and acknowledged before handing over to the concerned person	:	
13)	Amount of Loss	:	
14)	Has a compliant lodged to police? If so attach police report	:	
15)	State the steps taken to recover the lost money	:	
16)	When did the concerned employees joined services with your company?	:	

	Was any one of them involved in a similar loss?	:	
	Are any of them covered under Fidelity Guarantee Policy?	:	
17)	Have your sustained a loss of this nature before? If so give particulars		
18)	Are there any other insurance covering the same loss? If so give particulars		

I/We hereby declare that the above information given is full and true to the best of my knowledge and belief.

**Date :**

**Signature of the Contributor**

**In case of any requirements or clarification, kindly contact our FGA Department  
Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,  
Technical Departments Fax: 2476174 , E-mail Address: [info@aintakaful.com](mailto:info@aintakaful.com)**