

# GOLDSTAR INSURANCE CO. LTD

## CASH IN TRANSIT CLAIM FORM

Issue of this form is not to be taken as admission of liability

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Policy No: : Date of Expiry:

Name and address of insured :

Date and time of theft :

Date and time of discovery :

Give a brief narration of the event :

PREMISES: Address of the premises from  
Where money was stolen :

Was the money in safe/table drawers/  
Cash box? :

How was the theft effected? :

TRANSIT: a) from : to

b) Quantum of money carried and how?:

c) Who was carrying the money? :

d) Was there any armed escort? :

Police station to which it was reported  
And case number :

Details of other insurance covering the risk :

Details of previous losses :

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I/We hereby declare that the statements/information given are true to the best of my/our knowledge and belief

Witness

Signature of Insured