



Eloham Risk Solution Money Guard Claim Form

INSURED

Name

Policy No

Address

Tel. No

E-mail

Fax No

DETAILS OF INCIDENT

Date

Time

Location

Describe how
the incident
occured

AMOUNT OF LOSS

S/N	Particulars	Amount
1	Cash	
2	Cheques	
3	Injury/Death	
4	Items Damaged	
5	Others (give details)	

SUSPECTS

S/N	Name	Address

POLICE DETAILS

Address of station

Date Reported

Time

Officer in charge

Tel. No

OTHER INSURANCES

Company	Policy No	Sum Insured

DECLARATION

I hereby declared that the foregoing statements/particulars are true and complete. I agree that my claim may be repudiated if any statements/particulars given above are found to be false.

Signature

Date