



Tokio Marine Insurance Singapore Ltd.

Company Reg. No. : 192300014M

20 McCallum Street

#09-01 Tokio Marine Centre

Singapore 069046

Tel : (65) 6221 6111 Fax : (65) 6225 9887

Email : tmis@tokiomarine.com.sg

Website : www.tokiomarine.com.sg

CASH-IN-TRANSIT/MONEY CLAIM FORM

(The issue of this form is not to be taken as an admission of liability by the Insurers)

Details of Insured

Name of Policyholder : _____

Policy No : _____

Tel No : _____

Address: _____

Email : _____

Contact Person : _____

Details of Accident

Where it occurred? _____

_____ Date : _____ Time : _____ am/pm

Describe fully how it occurred : _____

Names and addresses of witnesses (It is most important that the name of every witness should be furnished: -

i) _____ of _____

ii) _____ of _____

If the loss could have been prevented, state what precaution might have been taken:

To which Police Station was the loss reported? (Please attached Police report)

Have you any suspicions as to parties implicated?

What steps have you taken to prevent a recurrence?

State other insurance in force covering the property mentioned herein.

State the total value of cash in hand at date of loss (include supporting documents)

Have you previously sustained a loss under similar circumstances? If so, give particulars

Declaration: I/We hereby declare that these particulars are true to the best of my/our knowledge and belief and I/we have in no manner caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect.

Notice for Personal Data Protection Policy

By signing this form:

- i) I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers and/or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing and servicing my/our policies/claims;
- ii) I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- iii) I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg.

Signature & Company Stamp of Insured

Date

Name : _____

Designation: _____

NRIC NO: _____

Please mail duly completed claim form to: Tokio Marine Insurance Singapore Ltd, 20 McCallum Street #09-01, Tokio Marine Centre, S'pore 069046. Fire & GA Claims Dept, Fax : 6225 9887.