



<p>connected with the Loss of Money?  (b) If yes, give his Name and Address</p>	<p>(b)</p>
<p>9. (a) Has any Money been recovered?  (b) If yes, how much?  (c) If not what steps have been taken to recover the Money?</p>	<p>(a) Yes/No  (b)  (c)</p>
<p>10. (a) Are there any other Insurances on the money claimed for?  (b) If yes, give name of Insurance company and Policy Number</p>	<p>(a) Yes/No  (b)</p>
<p>11. Give full details of the Amount of the Loss.</p>	<p>Cash .....E  Cheque .....E  Postal/Money  Orders..... E _____  Total _____</p>

I/We hereby declare that all statements on this form are in all respect True and Correct.

SIGNATURE OF CLAIMANT..... DATE.....