



Meghna Insurance Company Limited

মেঘনা ইন্স্যুরেন্স কোম্পানি লিমিটেড

Head Office : Banashilpa Bhaban (6th Floor) 73, Motijheel C/A, Dhaka-1000.
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CASH-IN-SAFE CLAIM FORM.

To be completed by the Insured and returned immediately to the Corporation

We _____

_____ Being Insured under Policy No. _____

_____ date _____ declare that at or about

_____ a.m./p.m. on the _____ day of _____

_____ a loss occurred involving a Cash amounting to Tk. _____

(Taka _____)

The particulars of which are stated below: -

01. Nature of Business:

02. Full Description of the safe:

03. Amount of actual cash in safe in the time of accident as per cash Book:

04. Name of the place where the loss took place:

05. Time of reporting the incident to the Police:

06. Name of the Police Station where the incident was reported:

07. Other actions taken by the Insured to recover the Cash Loss:

08. If any amount has since been recovered, if recovered place state that the amount recovered:

09. Name of the suspected persons if any with addresses:

10. Names and designations of the persons who the keys hold and number of keys used to open the Safe:

11. Brief particulars of the happening:

12. Give particulars of other Insurance, if any:

13. Names of the witnesses of the incident including addresses:

We declare that above particulars are true and complete in every respect.

Signature with Rubber Stamp the Insured.

Date: