



TOTAL SECURITY

MEGHNA INSURANCE

মেঘনা ইন্স্যুরেন্স কোম্পানী লিমিটেড

**MEGHNA INSURANCE CO. LTD.**

73, Motijheel, Banashilpa Bhaban, (6<sup>th</sup> Floor) Dhaka-1000

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**CASH-IN-TRANSIT 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 cash

amounting to Tk. \_\_\_\_\_ (Taka \_\_\_\_\_) only

**The Particulars of which are stated below: -**

01. The cash was dispatched by (Transport): - \_\_\_\_\_

02. If the cash was dispatched at the owner's or carrier's risk: \_\_\_\_\_

03. Name of the place where the loss took place: \_\_\_\_\_

04. Time of reporting the incident to the Police: \_\_\_\_\_

05. Name of the Police Station where the incident was reported: \_\_\_\_\_

06. Other actions taken by the Insured to recover the Cash: \_\_\_\_\_

07. If any amount has since been recovered,  
if recovered please state that the amount recovered : \_\_\_\_\_

08. Names of the suspected persons if any with address: \_\_\_\_\_

09. Names and designations of the persons  
who accompanied the cash on behalf of the Insured : \_\_\_\_\_

10. Whether any armed guard accompanied the cash: \_\_\_\_\_

11. Total amount of the cash carried: \_\_\_\_\_

12. Purpose of carrying: \_\_\_\_\_

13. Brief particulars of the happening: \_\_\_\_\_

\_\_\_\_\_

14. Whether the miscreants used any weapon and if so state the names of the weapons used by the  
Miscreants: \_\_\_\_\_

15. Names of the witnesses of the incident including address: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature with Rubber Stamp the Insured.