

TEL: 019054819

CASH IN TRANSIT CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUANCE OF THIS FORM

POLICY NUMBER: _____

PERIOD OF INSURANCE: _____

1. Name of Insured/ Claimant: _____

2. Address: _____

3. Location of Premises: _____

4. Date of Loss: _____ 5. Time of Loss: _____

6. Place of Loss: _____

7. Nature of Loss: _____

8. Description of how the Loss occurred: _____

9. Description of Property Lost: _____

10. Amount of Money lost: _____

11. Breakdown of Money lost (In Details): _____

12. How was the money being conveyed (By Car, On Foot, etc)?: _____

13. In whose custody was the money at the time of loss: _____

14. Do you suspect any person or persons? If so who? _____

BOARD OF DIRECTORS: Chairman: Olu Benga Shobo, Managing Director and Chief Executive Officer: Bode Opadokun, Executive Director: Tunde Mimiko

Non-Executive Director: Val Ojumah, Non-Executive Directors (South Africans): Hendrik Nel, Johan Schalkwyk, Independent Directors: Titi Adebisi, Yusufu Modibbo

15. Any other loss sustained? If so state the value of such loss: _____

16. Are there any other insurance against loss through Cash-In-Transit in force in respect of the cash and/or notes claimed for? If so, please state full particulars below

Insurance co	Policy No	Period of Insurance	Amount Insured

17. Have you previously suffered a loss of this nature? _____

18. Was the incident reported to the Police? If so at which station: _____

NOTE: KINDLY ATTACH A POLICE REPORT TO THIS CLAIM FORM WHEN SUBMITTING IT TO US

I/WE declare that the foregoing answers are true and completed and that I/WE hold no other policy indemnifying me/us in respect of this claim. I/WE request you to deal on my/our behalf with third party claims arising herein, in accordance with the terms and conditions of the above mentioned policy, and I/WE authorize you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Date: _____ Insured's Signature: _____