

BANKERS INDEMNITY CLAIM FORM

INSURED NAME IN FULL:

ADDRESS:

TELEPHONE NO.:

1.	POLICY NO.	
2.	BRANCH	
3.	LOCATION OF BRANCH	
4.	NAME OF BRANCH MANAGER	
5.	NAME OF SCHEDULE OFFICER	
6.	NAME OF CULPIT (IF KNOWN)	
7.	HOW WAS THE LOSS/DAMAGE/FRAUD DETECTED	
8.	GIVE BRIEF ACCOUNT OF LOSS/DAMAGE/FRAUD (OR ATTACH TYPE WRITTEN ACCOUNT)	
9.	INSURING CLAUSE UNDER WHICH CLAIM IS BEING LODGED	
10.	DATE ON WHICH LOSS/DAMAGE/FRAUD WAS DETECTED	
11.	IF IT WAS A CONTINUES ACT, GIVE DURATION OF ACT	
12.	TOTAL AMOUNT OF CLAIM	

I hereby declare that all statements made on the form are true to the best of my knowledge and belief that the within-mentioned property belonging to me/us and insured under the said policy was lost or damaged and that in consequences of such loss or damage claim is hereby made for the sum severally stated within; and I further declare that no other person except has any interest in the said property.

Signature:

Date: