

## Cash-in-Transit Claim Form

<b>1. PARTICULARS OF POLICYHOLDER</b>	
Policy No.	
Insured/Employer	
Business Address of Employer	
Contact Details (Telephone, Fax & Email)	
<b>2. DESCRIPTION OF LOSS</b>	
What is the extent of loss (SGD)	
Name of Employee carrying the cash	
Date and Time when loss occurred	
Location at which loss occurred	
Amount and currency of the money	
Was Employee accompanied at time of loss? If "Yes", let us have details:-	
Do you suspect any person or persons? If so, let us have details:-	
Has any other person an interest in the money? If so, provide identity and the nature of the interest:-	
Was the occurrence reported to the Police? Provide us a copy of the Police Report and contact details of the Investigation Officer:-	
Please provide details as to surrounding the loss including statement(s) for involvement employee(s) and witness(s):-	
What steps have been taken to discover the guilty person or persons, and to trace and recover the loss:-	
Does the employee agree with the amount of the deficiency? Please state the amount in SGD	<input type="checkbox"/> Yes <input type="checkbox"/> No SGD : _____
Have there, to your knowledge, been any previous irregularities committed by the same employee? If so, give particulars stating when they first came to your notice	
Any security or securities held by you or on your behalf in respect of the above employee other than this Fidelity Guarantee or Any money or property in your custody due or belonging to the employee? If so, please let us have details:-	
(Please note that any such money or property should be retained by you pending our instructions)	

Do you know the present whereabouts of the employee or in contact with him or with any member of his family? If so, please let us have details:-

What references were obtained when the employee was appointed by you? Please provide names of the previous employers concerned and the periods in each employment:-

Did any reference suggest any adverse feature to this employee? If so, let us have details:-

**3. OTHER INSURANCE**

Have you, previously suffered loss or claimed against any insurer in respect of the coverage insured by this policy? If "Yes" please provide details:-

[    ] Yes [    ] No

Are there any other insurances effected by you or by any other person covering the loss or any part thereof? if so, please indicate:-

Insurance Company	Policy No	Period of Insurance	Amount Insured

**4. DECLARATION**

I/We declare that the above information described is true and complete of the foregoing particulars in every respect. I/We undertake to render the Insurer every assistance in my/our power in dealing with the matter. I/We agree that if I/We have made, or if I/We shall make, any false or untrue statement, suppression or concealment, my/our right to compensation shall be absolutely forfeited.

I / We hereby acknowledge, consent and agree that:-

- MS First Capital Insurance Limited (MSFC) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as MSFC deem relevant for the purposes as contemplated in this form including but not limited to policy servicing, processing, investigating, handling, administering and/or settling my / our claim with MSFC or other insurers;
- MSFC may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- The personal data protection clauses herein ("DPC") are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Act 2012 as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Act 2012, the latter shall prevail;
- If I / we provide third parties' personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payees and/or employees) to MSFC, I / we represent and warrant to MSFC that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Act 2012; and
- I / We shall indemnify MSFC for all losses and damages which may be suffered by MSFC arising out of the breach of the declarations, representations and/or warranties herein.

Policyholder/Insured's Representative Name/Designation	Signature of Policyholder/Insured's Representative
Policyholder/Insured's Company Stamp	Date