

BOND PROOF OF LOSS
(Transit)

Claim in the amount of \$ _____ is hereby made according to the terms and conditions of the bond issued by CUMIS General Insurance Company. Policy Number _____

The loss which is being claimed was sustained in the due course of business in connection with a transit loss which is described herein. The questions as answered below are true and correct.

1. Date and time loss was discovered:

2. Date of shipment: _____ 20 ____

3. Method of shipment: Courier Armoured car Employee Registered mail

Other (please specify) _____

4. Has the appropriate post, express or courier office been notified? Yes No

Date notified: _____, 20 ____

If not notified, why? _____

5. Type of shipment (cash, negotiables, non-negotiables)

6. Amount of shipment: \$ _____

7. Please give a brief statement of facts surrounding the loss:

8. Means of substantiation of amount claimed (microfilm, voice recording, etc.)

9. Amount of lost items replaced to date: \$ _____

10. Has Insured any other contract, policy or indemnity covering this loss? If so, give the name of the company/companies and the amount(s) of such coverage _____

Subscribed and sworn to

Before me this _____ day of _____ 20 ____

Insured

_____ by _____
(Notary Public or Commissioner of Oaths) Authorized Representative