**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