

FOR INSURANCE SECTION USE ONLY:

DCC CLAIM REF:

DERBYSHIRE COUNTY COUNCIL CASH LOSS CLAIM FORM

DEPARTMENT _____ COST CENTRE _____

ESTABLISHMENT NAME _____

ADDRESS _____

POSTCODE _____

CONTACT NAME _____ TELEPHONE _____

DATE OF INCIDENT _____ TIME _____

In what circumstances did the loss arise?

State fully the method of entry

Give details of where the property was kept - i.e. locked cash tin

Was the receptacle forced? Yes No If no - give details of how the keys were obtained

If the property was in transit - give details of how it was being carried and by whom

WHEN WAS THE LOSS REPORTED TO THE POLICE _____

OFFICER _____ STATION _____ CRIME REF _____

Please give brief details of any other losses of this nature that have occurred over the last 12 months

Fully Itemised List of Stolen Cash (i.e. dinner money, petty cash etc.)	Amount

NB: List residents / pupils money separately - do not include private monies
e.g. staff tea funds

SECURITY ARRANGEMENTS

Are the premises protected by an intruder alarm? Yes No

Was the alarm activated during the incident? Yes No

What precautions have been taken to prevent a recurrence of an incident of this nature?

In the terms of the policy the insured must advise the police, and take all practicable steps to discover the guilty party or parties and recover the property lost.

Signed _____ Date _____
Name (Block Capitals) _____

PLEASE RETURN TO: **THE INSURANCE SECTION, CORPORATE FINANCE,**
PO BOX 2, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AH. TEL 01629 538888