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**MONEY IN SAFE INSURANCE CLAIM FORM**  
**FORMULIR KLAIM ASURANSI UANG DALAM PENYIMPANAN**

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Please complete and return this claim form immediately to PT Asuransi Dayin Mitra Tbk  
Harap Formulir Klaim ini diisi dan segera dikembalikan kepada PT Asuransi Dayin Mitra Tbk

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**1. THE INSURED / TERTANGGUNG**

Name / Nama : \_\_\_\_\_  
Address / Alamat : \_\_\_\_\_  
Phone / Telp. \_\_\_\_\_ Fax \_\_\_\_\_  
Profession or Occupation /  
Profesi atau Okupasi \_\_\_\_\_

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**2. INSURANCE POLICY / POLIS ASURANSI**

Number / Nomor : \_\_\_\_\_ Endorsement No.: \_\_\_\_\_  
Period / Periode : \_\_\_\_\_  
Sum Insured /  
Jumlah pertanggungan : \_\_\_\_\_ any one location / setiap lokasi

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**3. DETAILS OF INCIDENCE / RINCIAN KEJADIAN**

Where was the money being kept (strong room, safety box, etc.) / Dimana uang tersebut disimpan ?  
\_\_\_\_\_

When was the loss discovered ? / Kapan kerugian diketahui ?

Date / Tanggal : \_\_\_\_\_ Time / Waktu : \_\_\_\_\_

By whom it was discovered ? /

Diketahui oleh siapa ? \_\_\_\_\_

When was the money last seen ? /

Kapan uang tersebut terakhir kali terlihat ?

Date / Tanggal : \_\_\_\_\_

Time / Waktu : \_\_\_\_\_

Situation of premises or place where loss  
occurred /

Situasi tempat dimana kerugian terjadi \_\_\_\_\_  
\_\_\_\_\_

Amount of Loss / Jumlah Kerugian : \_\_\_\_\_

Explain fully how the loss occurred / Jelaskan secara lengkap bagaimana kerugian terjadi :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

continued / bersambung



How many authorised employees had custody of the money and please give details / Berapa jumlah petugas yang berwenang menjaga uang tersebut & sebutkan

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When were the police notified / Kapan polisi diinformasi

Address of Police station / Alamat Kantor Polisi

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Have any other steps been taken to recover the money / Langkah lain yang telah diambil untuk memperoleh kembali uang tersebut

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#### DECLARATION / PERNYATAAN

I/We hereby declare the foregoing particulars including the attached documents to be true in every respect. I/We undertake to give the company all assistance in my/our power in dealing with the matter.

Saya/Kami dengan ini menerangkan bahwa keterangan-keterangan tersebut diatas dan lampiran dokumen adalah benar dan sesuai dengan kenyataan. Saya/Kami berjanji akan memberikan bantuan sepenuhnya kepada pihak Asuransi dalam penyelesaian persoalan ini.

Place & date / Tempat & tanggal

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Signature & Company Stamp / Tanda tangan & Stempel

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This form is issued on receipt of notice of loss or damage but it is in no way and admission of a claim by the company / Formulir ini diterbitkan sehubungan dengan diterimanya laporan kerugian namun bukan merupakan persetujuan klaim oleh pihak Asuransi.