

ALL RISK INSURANCE CLAIM FORM



Adamjee Insurance Co. Ltd.

Head Office: Adamjee House, 80/A, Block E-1, Main Boulevard,
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Karachi Office: Adamjee House I.I. Chundrigar Road,
Karachi-74000, Pakistan. UAN: 021-111-242-111

Policy No. _____

Claim No. _____

Name: _____

Address _____

QUESTION	ANSWER
1. When did the loss or damage occurred? (State date & time)	
2. What is damaged? a) Please itemize b) Sum Insured	
3. a) How long has the damaged property been in your possession? b) Was the property brand new or second hand.	
4. Is damaged property is totally destroyed?	
5. What has occurred and which parts of the property are damaged to such an extent that replacement is necessary?	
6. What is estimated amount of loss or damaged?	
7. What was the cause of damage and how did it occur? (This question must be answered in detail and a sketch given whenever possible.)	
8. a) Has the property under gone any repairs previously? b) What was the nature of such repairs?	
9. Give the name and address of the repairers where repairs will be executed: (Provisional repairs will not be indemnified)	

The undersigned policy holder declares to have answered the above questions truthfully and he is liable for the correctness and completeness of his statement.

Dated: _____

Insured Signature & Stamp