

# BANKERS POLICY CLAIM FORM

Adamjee Insurance Co. Ltd.

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## Section - I

### Policy Particulars

1. Assured : \_\_\_\_\_
2. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Policy No. : \_\_\_\_\_
4. Period of Insurance : \_\_\_\_\_

### Claim Particulars

1. Date of Loss : \_\_\_\_\_
2. Date of Discovery : \_\_\_\_\_
3. Estimated Amount of Loss : Figure \_\_\_\_\_  
: Word \_\_\_\_\_  
\_\_\_\_\_
4. Insuring Clause under which  
Claims falls : \_\_\_\_\_
5. Is matter reported to the  
police / FIA : \_\_\_\_\_
6. If so, when & to which  
policy station : \_\_\_\_\_

**Other insurance**

1. Are you entitled to payment under other Insurance in respect of this event :  Yes  No

If yes, give details : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II (to be filled in case of fraud / infidelity only)**

1. Full Name of Employee(s) responsible for Loss : \_\_\_\_\_  
\_\_\_\_\_

2. His present designation & Residential address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Nature of his duties at the time : \_\_\_\_\_

4. Full circumstances : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How, when & by whom was the Loss discovered : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Was the amount exclusively in his Charge : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If so, where was it kept at the time : \_\_\_\_\_  
\_\_\_\_\_

7. Who else has access or could have  
Access to the amount at the time : \_\_\_\_\_
8. What is the employee's own  
Statement about the loss : \_\_\_\_\_  
Attached the statement
9. Is the employee still working on the same  
or other job, if not where can he be  
Met : \_\_\_\_\_
10. Is there any salary commission or other  
Remuneration & allowances due to him  
Details to be furnished : \_\_\_\_\_  
\_\_\_\_\_
- Copy of salary slip & Increment letter to be attached

**Section III (to be filled in case of burglary & armed hold-up)**

1. Address of premises, or place where loss  
Occurred : \_\_\_\_\_
2. Full Circumstances : \_\_\_\_\_  
Attach statement
3. Give details of articles lost on a separate  
Sheet : \_\_\_\_\_
4. Do you suspect any employee : Yes / No
- If yes, Name of suspected employee \_\_\_\_\_
5. What is his present Remuneration : Figure \_\_\_\_\_  
Word \_\_\_\_\_

6. Do you have any Deposit or Cash Guarantee in respect of your employee : \_\_\_\_\_

7. If the loss has arisen due to willful Negligence of the employee what Disciplinary action has been taken Against him/her : \_\_\_\_\_

8. What action is taken by police/FIA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(For all Sections)**

1. Any other relevant information : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration**

I/we hereby declare that to the best of my/or knowledge the above particulars are true and I/we undertake to render every assistance in my/ our power in dealing with the matter.

Date \_\_\_\_\_

\_\_\_\_\_  
Insured Signature & Stamp

N.B. The issuance of this form does not constitute an admission of the Company's Liability