

CASH IN TRANSIT CLAIM FORM

Adamjee Insurance Co. Ltd.

Head Office: Adamjee House, 80/A, Block E-1, Main Boulevard,
Gulberg-III, Lahore-54000. Tel: 042-35772960-79

Karachi Office: Adamjee House I.I. Chundrigar Road,
Karachi-74000, Pakistan. UAN: 021-111-242-111



Policy Particulars: _____

Claim No: _____

1. Name of the insured _____
2. Address _____
3. Policy No. _____
4. Period: _____ (Sum Insured) _____
(per carry)

Circumstances of Loss:

5. When did loss occur : Date _____ Time _____
6. Where did loss occur: _____
7. Full Particulars of Loss _____

8. Name of Employee Involved: _____
9. How long has the employee been in your service: _____
10. What is his present remuneration: _____
11. What action did your employee take to: _____
 - (i) Bank assistant _____
 - (ii) Inform Police: _____
12. Do you have any Deposit or Cash Guarantee in respect of your Employee? _____

13. If the Loss has arisen due to wilful negligence of the employee what disciplinary action has been taken against him?

14. The amount of Loss: _____
15. What action is being taken by police? _____

We hereby declare that to the best of our knowledge the above facts are true.

Insured's Signature

Dated: _____