

MISCELLANEOUS 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



Claim No. _____

Policy No. _____

1. Insured's Name and Address	
2. Address of premises, or place, where loss occurred. (if lost from premises state whether private date house, flat, hotel, sale-shop etc.)	
3. Full particulars of circumstances surrounding the loss (give details of articles on the other side hereof).	
4. (a) Date and time when loss was discovered. (b) By whom was loss discovered? (c) Date and time when article(s) last seen, (d) By whom last seen, and where?	
5. When were the Police notified, and at which station?	
6. Has a thorough search been made, for the article(s)?	
7. Has the loss been advertised?	
8. Have you ever before sustained (a) Loss by theft? (b) Loss of, or damage to any article of value from any other cause, (if so, Please state particulars).	
9. (a) Have you insured against Burglary, Theft, Loss or Damage, with any other company or underwriter? (b) If so, state particulars.	

I declare that all statement made on this form are true to the best of my knowledge and belief and that the articles and property described being to the persons named, no other person having any interest therein, whether as owner. Mortgagee, Trustee or otherwise.

Insured's Signature _____

Full description of articles	To whom the article belonged	From whom purchased or received (Name and Address)	Date of purchase or received	Cost Rs. Ps.	Deduction for wear and tear and depreciation Rs. Ps.
		TOTAL			
		DEDUCTION FOR DEPRECIATION AND WEAR AND TEAR			
Net amount claimed					