

PLASTIC CARD 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



Insured's Name and Address _____

Name of Card Member _____

Card No. _____

Card Valid From _____ To _____

Card Member Since _____

Credit Limit _____

Date of Discovery of Loss _____

How and by whom was the loss discovered _____

Amount of Loss _____ No. of Fraudulent Transactions _____

Period over which Fraud etc. perpetrated From _____ To _____

Loss due to *Please Cross the Applicable Box(es)*

Transaction on a Counterfeit Card

Merchant Fraud

Transaction on Lost/Stolen Card

Employee Infidelity

Name of Merchant(s) Involved _____

Details of the Employee(s) Involved Name _____

(Please use separate sheets for additional information)

Designation _____

Employed Since _____

Job Description _____

Action Taken by the insured _____

Recoveries (if any) _____

We declare that all statements made on this form are true to the best of our knowledge and belief and all known pertinent facts are revealed

Date _____

Insured's Signature _____

Official Stamp _____