

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI INSURANCE LIMITED

ALL RISKS CLAIM FORM

This form should be completed and returned to the Company immediately
(The Company does not admit liability be the issue of this form)

Claim No. _____

1. Name of Insured _____

2. Address _____

3. Policy Number _____ Date of Loss _____

4. Cause of Loss _____

5. If by Theft :

a) Time and date _____

b) How committed _____

c) Have Police been notified _____

d) If so, when and where _____

e) State result of police Investigation, if any _____

6. Are you insured against the present loss under any other policy ? _____

I/We declare that the foregoing statement are true to the best of my/our knowledge and belief that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstances above described, and that such articles and property belong to the persons named, no other person having any interest therein whether as Owner, Mortgagee or otherwise.

Date _____

Signature of Authorized Officials _____