

Registered & Head Office: 7th Floor, The Forum, Suite No. 701–713, G-20, Block-9, Khayaban-e-Jami, Clifton, Karachi–75600, Pakistan. UAN : (+92-21) 111-308-308 Fax : (+92-21) 5301772 Email: insurance.karachi@igi.com.pk

| Karachi | Lahore | Islamabad | Faisalabad | Multan | Sialkot | Gujranwala | Peshawar |
|-------------|--|--|---------------------|-------------------|--------------|--------------------|-----------------|
| | | IGI INS | SURAN | CE L | IMIT | ED | |
| | We Phone No in respect of which the last premium was paid by me on, do hereby declare and set forth that at or about o'clock, in the day of 20 a Theft was committed on my/our premises at: casioned, to the best of my/our knowledge and belief, in manner following: casioned, to the best of my/our knowledge and belief, in manner following: md I/we further declare that the Property described on the other side, belonging to me/us, and insured under the said blicy, was stolen and that the amounts severally stated represent the sum I/we am/are entitled to claim, in terms of the blicy and of the Instructions annexed hereto. | | | | | | |
| | | | CLAIM | FORM | M | | |
| Claim No |). | r de rolicy No Phone No o'clock, da percenta da set forth that at or about o'clock, the day of 20 a Theft was committed o'clock, the day of 20 a Theft was committed re best of my/our knowledge and belief, in manner following: the Property described on the other side, belonging to me/us, and insured under the said en and that the amounts severally stated represent the sum I/we am/are entitled to claim, in terms of the | | | | | |
| I/We | | | | | | | |
| of | 1 1 D 1 | N | | • | Phone No | 1 | |
| | | | | | | | |
| | | , uo nei | day of | set torui tilat a | 1 OF about 2 | 0 a Theft wa | 0 clock, |
| upon my/our | r premises at: | the | duy 01 | | 2 | | |
| occasioned, | | | | | | | |
| | | | | | | | |
| Policy, was | stolen and the | at the amounts se | everally stated rep | | 0 0 | | |
| | | - | | | | | |
| statement f | forming part | of the claim are | in every respect | true, and I/v | ve agree tha | t if I/we have mad | le any false or |

| recover under the | Policy shall be absolutely | v forfeited. | |
|--------------------------|----------------------------|--|-------------------------------|
| Witness my/our hand this | | day of | 20 |
| Witness | | Claimant's Signature | |
| Occupation | | Occupation | |
| Statement of the I | Insurances in force upon t | he property above described | |
| Rs | in the | Insurance Co., by Policy | No |
| Rs | in the | Insurance Co., by Policy | No |
| Rs. | in the | Insurance Co., by Policy | No |
| Discovery of Loss | : The Insured must prompt | tly take all practical steps for discovering and | punishing the quilty party or |

parties, and for tracing and recovering the property lost. **Notification to Police :** The Police Authorities must be notified of loss without delay.

| QUESTIONS | S TO BE ANSWERED BY THE CLAIMANT |
|---|----------------------------------|
| 1. Business Address & Phone No. | |
| | |
| 2. On what date and hour was the th vered and by whom? | eft disco- |
| | |
| 3. (a) Were any windows and doors | s forced? |
| (b) If so, which? | |
| 4. (a) Was the premises occupied a of the theft? | t the time |
| (b) If not than upon what date an was it last occupied? | nd what time |
| 5. Was a nightwatchmen on duty at th theft? | e time of the |
| 6. (a) Did your suspicions rest upon | somone? |
| (b) If so, whom? | |
| 7. Date police were advised and the napolice station. | ame of the |
| 8. What figure would you value the to of your premises at the time of the t | |
| 9. For what sum do you insure the cor and with what Company? | ntents of fire |
| 10. Have you ever sustained loss by fire | e or theft? |

STATEMENT OF CLAIM

N.B.:

- (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of the Theft. The amount of damage should be stated, with full details, at the foot.
- (2) Receipts obtained at time of purchase of the undermentioned articles should be attached wherever possible for inspection and subsequent return.

| NO. OF ARTICLES | DESCRIPTION | BELONGING TO | WHEN AND WHERE BOUGHT | PRICE PAID | DEDUCTION FOR AGE, USE, AND/OR WEAR AND TEAR | AMOUNT CLAIMED |
|--------------------|-------------|--------------|--------------------------|---------------|--|-------------------|
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