

# Shaheen Insurance

SHAHEEN INSURANCE COMPANY LTD.  
(A PROJECT OF SHAHEEN FOUNDATION PAF)

HEAD OFFICE: 10<sup>TH</sup> Floor,  
Shaheen Complex  
M.R. Kayani Road, Karachi - 74200  
UAN: 111-765-111  
PHONE #: 9221-32630370-75,  
FAX #: 9221-32626674

## CASH IN TRANSIT/SAFE CLAIM FORM

The issuance of this form is not to be taken as an admission of liability by the Insurer.

1. Insured's Name & Address: \_\_\_\_\_
2. Policy No. \_\_\_\_\_
3. Policy Period From \_\_\_\_\_ to \_\_\_\_\_
4. Sum Insured \_\_\_\_\_ 5. Loss Amount: \_\_\_\_\_

### Circumtance of Loss:

6. When did the loss occur \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_
7. Where did the loss occur \_\_\_\_\_
8. Full Particular of Loss: \_\_\_\_\_
9. Name of employee involved \_\_\_\_\_
10. His present designation & remuneration \_\_\_\_\_
11. For how long the employee has been with this company \_\_\_\_\_
12. Any previous such incident on record with the same employee \_\_\_\_\_
13. What action did your employee taken to:- \_\_\_\_\_
- I. Bank Assistance: \_\_\_\_\_ II. Inform Police: \_\_\_\_\_
14. Do you have any deposit or cash guarantee in respect of your employee \_\_\_\_\_
- \_\_\_\_\_
15. If the loss has arisen due to willful negligence of the employee what disciplinary action has been taken against them \_\_\_\_\_
16. What action is being taken by Police? \_\_\_\_\_

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

Date: \_\_\_\_\_

Insured's Signature \_\_\_\_\_  
Company's Stamp