

SHAHEEN INSURANCE COMPANY LIMITED

Head Office: 10th Floor, Shaheen Complex. M. R. Kiayani Road, Karachi.

CLAIM NO. _____

POLICY NO. _____

COMPUTER ALL RISK CLAIM FORM

1. Insured's Name, Address Telephone No.	
2. Address of the premises or place, where loss or damage occurred	
(If lost) from premises state whether private house flat, hotel, sale-shop, etc)	
3. Full particulars of circumstances of the loss or damage (Give details of articles on the other side hereof)	
4. (a) Date and time when loss or damage was discovered	
(b) By whom discovered?	
(c) Date and time when articles(s) last seen	
(d) By whom last seen and where?	
5. When were the police notified, and at what station?	
6. Has a thorough search been made for the article(s)	
7. Has the lost 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) Is the property for which you are claiming insured against Burglary, Theft Loss or Damage, with any other company or underwriter? (if so, state particulars)	

I declare that the foregoing statements are true to the best of my knowledge and belief that the articles and property described below were stolen, lost or damaged under the circumstance above described; and that such articles and property belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Date.....20.....

Insured's
Signature.....

An All Risks Policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at the time of the Theft, Loss or Damage, but not exceeding the sums for which they are respectively insured, due allowance being made for depreciation and wear and tear.

Full description of article	To whom the article belonged	From whom purchased or received (Name and Address)	Date purchased or received	Cost		Deduction for wear and tear	
				N	K	N	K
Total.....							
Deduction for depreciation and Wear and Tear							
Net Amount Claim N							