



SHAHEEN INSURANCE COMPANY LIMITED

10th Floor, Shaheen Complex, M. R. Kiayani Road, Karachi.-74200.

Tel # (9221) 32630370-75 (6 Lines) – 32213950-51 Fax: (9221)32626674

E-mail: sihifc@cybernet.pk = Web: www.shaheeninsurance.com

MONEY CLAIM FORM

(The issuance of this form is not to be taken as an admission of liability by the Company)

Details of Insured

Name of Policy Holder: _____

Policy No: _____ Tel No: _____

Address: _____ Email: _____

_____ Contact Person: _____

Details of Accident

Where it occurred? _____

_____ Date: _____ Time: _____ am/pm

Describe fully how it occurred: _____

Names and addresses of witnesses (It is most important that the name of every witness should be furnished), if any.

i) _____ of _____

ii) _____ of _____

If the loss could have been prevented state what precaution might have been taken

To which Police Station was the loss reported? (Please attached Police report)

Have you any suspicions as to parties implicated?

What steps have you taken to prevent a recurrence?

State other insurance in force covering the property mention herein

State the total value of cash in hand at date of loss (including supporting documents)



SHAHEEN INSURANCE COMPANY LIMITED

Have you previously sustained a loss under similar circumstances? If so, give particulars

Declaration: I/We hereby declare that these particulars are true to the best of my/our knowledge and belief and I/we in no manner caused the loss nor by any fraud or misrepresentation sought to benefit thereby. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect.

Signature & Company Stamp of Insured

Date

Name: _____

Designation: _____

CNIC No: _____

Please mail duly completed claim form to: **Shaheen Insurance Company Limited**, 10th Floor, Shaheen Complex, M. R. Kayani Road, Karachi-74200 or fax to Claim Dept. Fax: (9221)32626674