



CLAIM NO: \_\_\_\_\_

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

1	Name and Address of Participant		
2	Policy Number		
	Date of Expiry		
3	Date of Loss		
4	Cause of Loss		
5	Amount of Loss		
6	If lost whilst Cash was in Safe / Counter / Transit		
	a) Time and date		
	b) How committed		
	c) Have Police been notified		
	d) If so when and where, attach copy of Police F.I.R		
	e) State result of police investigation, if any		
7	Were there at the time of Loss any other Takaful / Insurances, whether effected by the Claimant or any other person, on the said property, with any other Company or Society? If so, state full particulars .If not, please write "No"	NAME OF COMPANY	AMOUNT

I/We do hereby 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: \_\_\_\_\_

\_\_\_\_\_  
Signatures of Authorized Officials