

Name: _____
 CNIC Number: _____
 Address: _____
 JS Bank Account Number: _____
 Telephone No.: _____ Cell Phone: _____

Date: _____

Claim For
<input type="checkbox"/> Over-the-Counter Cash Withdrawal Snatching
<input type="checkbox"/> ATM Cash Withdrawal Snatching
<input type="checkbox"/> Mobile Phone Snatching
<input type="checkbox"/> Wallet Snatching
<input type="checkbox"/> Accidental Death/Disability

Claim Details

1. Full name of insured: _____
 2. When did the loss occur? *Date:* _____ *Time:* _____
 3. Where did the loss occur? *Location:* _____
 4. The money in transit and amount of loss: (in PKR) _____
 5. Mode and manner of carrying money: _____
 6. Full particulars of loss: *i. Cash* _____ *ii. Other Valuables* _____
 7. Were there any witnesses to the loss? Yes No
 If yes, please provide the contact details (if available): _____

List of Required Documents
<input type="checkbox"/> Claim Form
<input type="checkbox"/> Police Report (Roznamcha)
<input type="checkbox"/> CNIC Copy
<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Medical Report
<input type="checkbox"/> ATM Receipt*

* Only for ATM cash withdrawal snatching

8. Nearest landmark: _____

9. Kindly briefly narrate the incident:

10. What action did you take?

Informed the Police Yes No *Date:* _____ *Time:* _____

Informed EFU General Insurance Limited Yes No *Date:* _____ *Time:* _____

Informed JS Bank Yes No *Date:* _____ *Time:* _____

In Case of Accidental Death/Disability

When and where did the accident occur? _____

When did the loss occur? *Date:* _____ *Time:* _____

Place _____

How did it happen? (Description) _____

Names and addresses of witnesses to the accident, if available: _____

Name of attending doctor immediately after accident: _____

Name of present attending doctor: _____

Where can a representative visit the injured: _____

What action did you take?

Informed the Police Yes No *Date:* _____ *Time:* _____

Informed EFU General Insurance Limited Yes No *Date:* _____ *Time:* _____

Informed JS Bank Yes No *Date:* _____ *Time:* _____

Declaration

I/We do hereby affirm that the above statements of facts are in all respects true and complete to the best of my/our knowledge and belief as I/we claim in respect thereof.

Signature of Claimant: _____

Submitted on: _____

Checked by: _____

(Signature to be verified by the branch staff)

For Office Use Only

Claim Form Police Report (Roznamcha) ATM Receipt (If ATM snatching)

Copy of CNIC of the Account Holder

Bank Statement (If ATM/Over-the-Counter Snatching) Any Other Documents (Specified by the Bank)

Death Certificate, in case of Accidental Death (Personal accident) Legal Heirship Certificate, in case of Accidental Death

Note: EFU General Ltd. may ask for any other document it may deem necessary

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