

JS PLATINUM



Business Account

Insurance Claim Form

Date: _____

Name: _____

CNIC Number: _____

Address: _____

JS Bank Account Number: _____

Contact No: _____

Claim For
<input type="checkbox"/> Over-the-Counter Cash Withdrawal snatching
<input type="checkbox"/> ATM Cash Withdrawal snatching

Claim Details

1. Full name of Insured: _____

2. When did the loss occur? Date: _____ Time: _____

3. Where did the loss occur? _____

4. The money in transit and amount of loss: _____

5. Mode and manner of carrying money: _____

6. Were there any witnesses to the loss? Yes No

If yes, please provide contact details: _____

7. Nearest Landmark: _____

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"/> ATM Receipt*

* Only for ATM cash withdrawal snatching

Declaration

I/We do hereby affirm that the above statements of facts are in all respect true and complete to the best of 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

- | | | |
|--|--|---|
| <input type="checkbox"/> Claim Form | <input type="checkbox"/> Police Report (Roznamcha) | <input type="checkbox"/> ATM Receipt (If ATM snatching) |
| <input type="checkbox"/> Bank Statement (If ATM/ Over-the-Counter snatching) | <input type="checkbox"/> Any Other Documents (Specified by the Bank) | |