



Insurance Claim Form

For 'HABIBMETRO@WORK' Customer

Date: _____

Name: _____

Card No.: _____ Card Type: _____

Address: _____

Cell No.: _____ Telephone No.: _____

Claim For

- ☐ Over-the-Counter / ATM
- ☐ Cash Withdrawal Snatching
- ☐ Identification Documents
- ☐ ATM Cash Withdrawal Snatching
Mobile phone Snatching

Claim Details

1. Full name of Insured: _____

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

3. Where did the loss occur? Location: _____

4. Full particulars of loss: i. Cash: _____ ii. Mobile: _____

5. Nearest landmark: _____

List of Required Documents

- ☐ Claim Form
- ☐ FIR / Roznamcha
- ☐ CNIC Copy
- ☐ Transaction Record/
Account statement of HMB
- ☐ CCTV footage (if available)
- ☐ Purchase receipt (in case of mobile)
- ☐ Death Cert. NADRA/Hospital/
Graveyard
- ☐ Legal heirship certificate

6. Kindly briefly narrate the incident:



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7. What action did you take?

- | | |
|---|--|
| <input type="checkbox"/> Informed the police | <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Time: _____ |
| <input type="checkbox"/> Informed EFU General Insurance Limited | <input type="checkbox"/> No <input type="checkbox"/> Yes 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:

Checked by EFU:

Submitted on: