



Insurance Claim Form

For 'HABIBMETRO@WORK' Customer

Date: _____

Name: _____
Card No: _____ Card Type: _____
Address: _____
Cell No: _____ Telephone No: _____

Claim For
<input type="checkbox"/> Over-the-Counter / ATM Cash Withdrawal Snatching
<input type="checkbox"/> Identification Documents
<input type="checkbox"/> ATM Cash Withdrawal Snatching
<input type="checkbox"/> 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: _____
6. Kindly briefly narrate the incident:

List of Required Documents
<input type="checkbox"/> Claim Form
<input type="checkbox"/> FIR / Roznamcha
<input type="checkbox"/> CNIC Copy
<input type="checkbox"/> Transaction Record/ Account statement of HMB
<input type="checkbox"/> CCTV footage (if available)
<input type="checkbox"/> Purchase receipt (in case of mobile)
<input type="checkbox"/> Death Cert. NADRA/ Hospital/ Graveyard
<input type="checkbox"/> Legal heirship certificate



7. What action did you take?

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