



8th Floor, State Life Building # 2, Wallace Road,
Off I.I Chundrigar Road, Karachi.UAN:111-845-111 Fax: 2463117

CASH-IN-TRANSIT CLAIM FORM

POLICY PARTICULARS:

- 1) NAME OF THE INSURED _____
- 2) ADDRESS _____
- 3) POLICY NO _____ FROM _____ TO _____
- 4) SUM INSURED _____
(PER CARRY)

CIRCUMSTANCES OF LOSS:

- 5) WHEN DID LOSS OCCUR: DATE _____ TIME _____
- 6) WHERE DID LOSS OCCUR: _____
- 7) FULL PARTICULARS OF LOSS _____

- 8) NAME OF EMPLOYEE INVOLVED _____
- 9) PRESENT REMUNERATION OF EMPLOYEE INVOLVED _____
- 10) HOW LONG HAS THE EMPLOYEE BEEN IN YOUR SERVICE _____
- 11) WHAT ACTION DID YOUR EMPLOYEE TAKE TO: _____
I. BANK ASSISTANCE _____
II. INFORM POLICE _____
- 12) DO YOU HAVE ANY DEPOSIT OR CASH GUARANTEE IN RESPECT OF YOUR
EMPLOYEE? _____
- 13) IF THE LOSS HAS ARISEN DUE TO WILFUL NEGLIGENCE OF THE EMPLOYEE,
WHAT DISCIPLINARY ACTION HAS BEEN TAKEN AGAINST HIM: _____

- 14) THE AMOUNT OF LOSS: _____
- 15) WHAT ACTION IS BEING TAKEN BY POLICE? _____
- 16) WE HEREBY DECLARE THAT TO THE BEST OF OUR KNOWLEDGE THE ABOVE
FACTS ARE TRUE.

INSURED'S SIGNATURE & STAMPED.

DATED: _____