



JS PREMIUM



Current Account

Insurance Claim Form

Date: _____

Name: _____

CNIC Number: _____

Address: _____

JS Bank Account Number: _____

Contact No: _____

Claim For

- Over-the-Counter Cash Withdrawal snatching
- ATM Cash Withdrawal snatching
- Mobile Phone snatching
- Wallet 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. Full particulars of loss *i. Cash* _____ *ii. Other Valuables* _____

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

If yes, please provide contact details: _____

8. Nearest Landmark: _____

List of Required Documents

- Claim Form
- Police Report (Roznamcha)
- CNIC Copy
- Bank Statement
- 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

- Claim Form
- Police Report (Roznamcha)
- ATM Receipt (If ATM snatching)
- Bank Statement (If ATM/ Over-the-Counter snatching)
- Any Other Documents (Specified by the Bank)