



## Insurance Claim Form

### EFU Business Protector Plus

Date:

Policy No.

Name:

CNIC No:

**Claim For**

Resident Address:

IBAN No:

Contact No:

- Office Structure & Contents
- Cash In Safe
- Facial signboard / signage
- Personal Accident

### Claim Details

**For Office Structure & Contents/ Cash In Safe/ Facial signboard / signage)**

1. Date of Loss:  2. Time of Loss:

3. Where did the loss occur? *Location:*

4. Amount Claimed (in PKR):

5. Value of Property at the time Loss:  6. Value of Salvage (if any):

7. Office Address:

Description of Property Damaged:



## Insurance Claim Form



### Claim Details

#### For Personal Accident

1. Cause of Death:

2. Date of Death:  3. Time of Death:

4. Where did the loss occur? *Location:*

5: Beneficiary Name:  6: Beneficiary's Relationship:

7. Please briefly narrate the incident:

### List of Required Documents

1. Copy of CNIC
2. Claim Form duly completed, signed & stamped.
3. Original FIR (**In case of Accidental death**)
4. Fire Brigade Report (**in case of Fire**)
5. Legal Heirship Certificate (in case of Accidental Death)
6. Death Certificate from Authorized Doctor/Hospital (in case of Accidental Death).
7. CCTV footage (If available)

***\*Any other document/ information required on case to case basis***



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### 8- What action did you take?

Informed the police       No  Yes *Date:*       *Time:*

Informed EFU General Insurance Ltd.       No  Yes *Date:*       *Time:*

Informed Fire Brigade in case of fire.       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:

Submitted Date: