



Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI GENERAL INSURANCE LIMITED

**MONEY
CLAIM FORM**

This form should be completed and returned to the Company immediately
(The Company does not admit liability be the issue of this form)

Claim No. _____

- 1. Name of Insured _____
- 2. Address _____
- 3. Policy Number _____ Date of Loss _____
- 4. Cause of Loss _____
- 5. Amount of Loss _____
- 6. If lost by Theft or In-Transit
 - a) Time and date _____
 - b) How committed _____
 - c) Have police been notified _____
 - d) If so, when and where _____
 - e) State result of police investigation if any _____
- 7. Are you insured against the present Loss under any other policy ? _____

I/We declare that the foregoing statement are true to the best of my/our knowledge and believe that the insured money was lost in transit or stolen under the circumstances described above, and that such money belongs to the persons/stolen/company named no other person/company having any interest wherein whether as Owner, Mortgagee or otherwise.

Date _____

Signature of Authorized Officials _____