An ISO 9002 Certified Company



Registered & Head Office:

7th Floor, The Forum, Suite No. 701–713, G-20, Block-9, Khayaban-e-Jami, Clifton,

Khayaban-e-Jami, Clifton, Karachi-75600, Pakistan. UAN: (+92-21) 111-308-308 Fax: (+92-21) 5301772

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Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI GENERAL INSURANCE LIMITED

MONEY CLAIMFORM

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

Cla	im 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