



General

CLAIM VERIFICATION FORM

Bank Name: _____ Branch: _____

Borrower's Name: _____ Address: _____

CNIC # _____ Animal type: _____

Animal Colour: _____ Tag Number: _____ Loss/Claim # _____

Nature of Missing Document(s): _____

Remarks (if any) _____

Witness I

Name: _____

CNIC: _____

Cell # _____

Address: _____

Witness II

Name: _____

CNIC: _____

Cell # _____

Address: _____

Signature/Thumb Impression

Signature/Thumb Impression

Verification Officer (IGI)

Bank R.O

Bank B.M

Note: - Witness should be from the same neighborhood and not a blood relative.

Check and Verified by

Registered & Head Office:

7th Floor, The Forum, Suite # 701-713, G-20, Block-9. Khayaban-e-Jami, Clifton, Karachi-75600, Pakistan.

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