



JS F	PLATINUM	
	Business Account	
nsurance Claim Form		

	Date:
Name:	
CNIC Number:	Claim For
Address:	Over-the-Counter Cash Withdrawal snatching
JS Bank Account Number:	ATM Cash Withdrawal
Contact No:	snatching
Claim Details	
1. Full name of Insured:	List of Required
1 M/la and all the all and a second Distort	
	Documents
 Where did the loss occur? <u>Date:</u> Where did the loss occur?	Documents
3. Where did the loss occur?	Documents
3. Where did the loss occur?	Documents Claim Form Police Report
 Where did the loss occur?	Documents Claim Form Police Report (Roznamcha) CNIC Copy
 Where did the loss occur?	Documents Claim Form Police Report (Roznamcha) CNIC Copy Bank Statement
 4. The money in transit and amount of loss:	Documents Claim Form Police Report (Roznamcha) CNIC Copy Bank Statement ATM Receipt*
 Where did the loss occur?	Documents Claim Form Police Report (Roznamcha) CNIC Copy Bank Statement ATM Receipt*

Signature of Claimant:

Submitted on:

Checked by: ______(Signature to be verified by the Branch staff)

For Office Use Only

Claim Form

Police Report (Roznamcha)

Bank Statement (If ATM/ Over-the-Counter snatching)

ATM Receipt (If ATM snatching)Any Other Documents (Specified by the Bank)

