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Claim No:		Policy No:

FIRE CLAIM FORM

Name of Claimant				
Name of Participant				
When did incident take Place?	Date: Tin	me:		
Situation of Property damaged or destroyed.				
How were the Premises occupied at the time of Loss?				
What was the cause of the Loss; under what circumstances did it occur?				
Dose the Policy give a correct description of the Property in all respects as it existed immediately before the Loss?				
Has any element of risk been introduced which was not allowed by the Policy?				
Have the conditions and warranties of the Policy been compiled with in every respect?				
Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest?				
Has there been a previous Claim in these Premises, or in any other Premises in which the participant was interested? If so state full particulars including the cause of such Claim.				
Were there at the time of the loss any existing coverage, whether effected by the claimant or by any other person, on the said property with any other Company?	NAME OF COMPANY	AMOUNT		
If so, state full particulars, if not, please write "No"				
I / We now residing further declares that the Articles mentioned on the reverse side, being my / our property, and covered under the above named Policy or Polices were accidentally destroyed or damaged without any design or procurement on my / our part, by the aforesaid loss, according to the extent and values annexed : Therefore I / We claim from Alfalah Insurance Company Limited (Window Takaful Operations) the sum Rs the amount there of.				

 ${}_{Page\,-\,2}$ Detailed Statement of Property Destroyed or Damaged by Loss and Covered Under

Policy No.	Description	Value at the Time of the Loss of Property of Article damaged or destroyed	Value of Salvage	Amount after deducting value of Salvage

TO BE COMPLETED IF MORE THAN ONE POLICY

Policy #	<u>Amount</u>	<u>Property Covered</u>	
1)			
2)			
3)			
4)			
		nor wilful misrepresentation or non-disclosure souge by me / us conscientiously believing the same to	
Dated:	Signature of	Claimant :	