

SALARY PREMIUM ACCOUNT

Insurance Claim Form

Date: _____

Name: _____

CNIC No.: _____

Address: _____

Silkbank Account No.: _____

Telephone No.: _____

Claim for:

- ☐ Over-the-Counter Cash Withdrawal
☐ ATM Cash Withdrawal

For ATM/Over-the-Counter Cash Insurance

1. When did the loss occur? Date: _____ Time: _____

2. Where did the loss occur? _____

3. The money in transit and amount of loss: _____

4. Mode and manner of carrying money: _____

5. Full particulars of loss:

i) Cash: _____

ii) Other Valuables: _____

6. Were there any witnesses to the loss? ☐ Yes ☐ No

If yes, please provide contact details: _____

List of required documents:

- ☐ Claim Form
☐ Police Report (Roznamcha)
☐ CNIC Copy
☐ Bank Statement
☐ ATM Receipt

Declaration

I/We do hereby affirm and declare that the above statements of facts are in all respect true and complete to the best of my/our knowledge and belief as I/we claim in respect thereof.

Supplied on: _____

Checked/Recorded by: _____

Claim No.: _____

Signature of Claimant
 (with rubber stamp)

For Official Use Only

- ☐ Claim Form ☐ Police Report ☐ ATM Receipt (If ATM Robbery) ☐ Bank Statement (If Over-the-Counter Robbery) ☐ Any Other Documents (Specified by the Bank)