



# CENTURY INSURANCE COMPANY LIMITED

## ALL RISKS CLAIM FORM

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

Claim No. \_\_\_\_\_

1. Name of Insured \_\_\_\_\_
2. Address \_\_\_\_\_
3. Policy Number \_\_\_\_\_ Date of Loss \_\_\_\_\_
4. Cause of Loss \_\_\_\_\_
5. If by Theft :
  - 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 \_\_\_\_\_
6. 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 belief that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstances above described, and that such articles and property belong to the persons named, no other person having any interest therein whether as Owner, Mortgagee or otherwise.

Date \_\_\_\_\_

Signature of Authorized Officials \_\_\_\_\_

**Registered & Head Office:**

11th Floor, Jackson Square  
Building # 3, Sawar Shahood  
road, Karachi.  
UAN : (+92-21)111-111-717,  
Email: [info@cicl.com.pk](mailto:info@cicl.com.pk)