



# CENTURY INSURANCE COMPANY LIMITED

## COMPUTER 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 \_\_\_\_\_
2. Address of the client \_\_\_\_\_
3. Policy number \_\_\_\_\_ Date of incident \_\_\_\_\_
4. Brief description of item (including make, model and specification details) \_\_\_\_\_  
\_\_\_\_\_
5. Details of maintenance agreement \_\_\_\_\_
6. Particulars of failure including the cause of loss \_\_\_\_\_
7. If repairable, details of type and extent of repairs \_\_\_\_\_
8. If repair considered impractical, why? \_\_\_\_\_
9. If by theft : a) Time and date \_\_\_\_\_  
b) How committed \_\_\_\_\_  
c) Has Police been notified \_\_\_\_\_  
d) If so when and where \_\_\_\_\_  
e) State results of police investigation, if any \_\_\_\_\_
10. Are you insured against the present loss under any other policy? \_\_\_\_\_
11. Estimated new replacement value at the time of incident. \_\_\_\_\_
12. Amount Claimed. \_\_\_\_\_

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 \_\_\_\_\_

Stamp & Signature of Authorized Officials \_\_\_\_\_

P.S. Please attach copy of repairers estimate / diagnosis report.

### Registered & Head Office:

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