



Jubilee General Insurance Company Limited
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ALL RISK INSURANCE CLAIM FORM

Claim No.	
Policy No.	

1. When did the loss or damage occurred ? (State date & time)	
2. What is damaged ? (a) Please itemize (b) Sum insured.	
3. (a) How long has the damaged property been in your possession ? (b) Was the property brand new or secondhand ?	
4. Is damaged property totally destroyed ?	
5. What has occurred and which parts of the property are damaged to such an extent that replacement is necessary ?	
6. What is the estimated amount of loss or damage ?	
7. What was the cause of damage and how did it occur ? (This question must be answered in detail and a sketch given whenever possible)	
8. (a) Has the property under gone any repairs previously ? (b) What was the nature of such repairs ?	
9. Give the name and-address of the repairers where repairs will be executed (Provisional repairs will not be indemnified) .	

The undersigned policyholder declares to have answered the above questions truthfully and he/she is liable for the correctness and completeness of his statement.

Dated: _____

Signature: _____