



**CLAIM FORM  
HOUSEHOLD INSURANCE**

1)	Name and Address of the Contributor	:	
2)	Business/Occupation	:	
3)	Policy Number	:	
4)	Date and time of occurrence	:	
5)	State the nature of claim, i.e. whether Fire, Burglary, Theft, Damage etc	:	
6)	How and where did loss occur?	:	
7)	Have police been informed of the loss? If so attach police report	:	
8)	Have you any reason to suspect particular person? If so give full particulars which will be kept as private and confidential	:	
9)	Has any other person an interest in the property claimed for?	:	
10)	Description and position of the glass broken in the building	:	
11)	Is there any other insurance covering the concerned property?	:	
12)	Have you previously made any claim under policy of insurance?	:	

I/We hereby declare that the above information given is full and true to the best of my knowledge and belief.

**Date :**

**Signature of the Contributor**

**In case of any requirements or clarification, kindly contact our FGA Department  
Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,  
Technical Departments Fax: 2476174 , E-mail Address: info@aintakaful.com**