



UBL Insurers Ltd. Head Office: 126-C, First Floor, Jami Commercial, Street No.14,  
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**ALL RISK CELLULAR MOBILE TELEPHONE CLAIM FORM**

1. INSURED'S NAME AND ADDRESS	
2. PARTICULARS OF INSURED CELLULAR MOBILE TELEPHONE	
3. ADDRESS OF PREMISES OR PLACE, WHERE LOSS OCCURRED (IF LOST FROM PREMISES STATE WHETHER PRIVATE HOUSE, FLAT, HOTEL, SALE SHOP ETC.)	
4. DATE OF PURCHASE	
5. PARTICULARS OF CIRCUMSTANCES SURROUNDING THE LOSS.	
6.A-DATE AND TIME WHEN LOSS WAS DISCOVERED? B-BY WHOM WAS LOSS DISCOVERED? C-DATE AND TIME WHEN CELLULAR MOBILE TELEPHONE LAST SEEN? D-BY WHOM LAST SEEN AND WHERE?	
7. WHEN WERE THE POLICE NOTIFIED AND AT WHAT STATION?	
8. WAS A THOROUGH SEARCH BEEN MADE FOR THE CELLULAR MOBILE PHONE?	
9. WAS THE LOSS BEEN ADVERTISED?	
10. HAVE YOU EVER BEFORE SUSTAINED A-LOSS OF CELLULAR MOBILE TELEPHONE BY THEFT? B-LOSS OF OR DAMAGE TO CELLULAR MOBILE TELEPHONE FROM ANY CAUSE, (IF SO PLEASE STATE PARTICULARS?)	
11.A-HAVE YOU INSURED AGAINST BURGLARY, THEFT LOSS OR DAMAGE WITH ANY OTHER COMPANY OR UNDERWRITER? B-IF SO STATE PARTICULARS	

I/WE DECLARE THAT ALL STATEMENTS MADE ON THIS FORM ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THE CELLULAR MOBILE TELEPHONE DESCRIBED BELONG TO THE PERSON NAMED. NO OTHER PERSON HAVING ANY INTEREST THEREIN, WHETHER AS OWNER MORTGAGEE INDIVIDUAL OR OTHERWISE.

DATED: \_\_\_\_\_  
SIGN & STAMP.

CLAIMANT SIGNATURE: \_\_\_\_\_