Bank Alfalah PKR Current Plus Account – Insurance Claim Process

How to Submit a Claim

1. Complete the claim form provided on last page of this document and gather all required supporting documents.
2. Submit the documents directly to

   Alfalah Insurance Company Limited
   Head office : 5-Saint Mary Park, Gulberg,
   Lahore – Pakistan, Phone : 042-111-786-234.
   jabbar.hussain@alfalahinsurance.com
   Adnan.Anwar@alfalahinsurance.com

3. Once your claim is received, Alfalah Insurance will review the documents and may request additional information, if required.
4. After all required documents are submitted and verified, your claim will be processed.

Required Documents:

In Case of Accidental Death	In Case of Permanent Total or Partial Disability
• Duly completed and signed claim form • FIR copy (if applicable) • Death certificate • CNIC copy of the deceased • CNIC copy of the claimant/legal heir • Postmortem report (if conducted) • Hospital records/treatment documents • Burial certificate (if required) • Succession certificate/legal heir certificate (if applicable) • Any available photographs or accident-related evidence	• Duly completed and signed claim form • CNIC copy of the insured person • FIR copy (if applicable) • Detailed medical reports • Disability certificate issued by an authorized doctor/hospital • X-rays, MRI, CT Scan reports (if applicable) • Hospital discharge summary • Treatment bills and prescriptions • Photographs of injury/disability (if required) • Fitness/Unfitness certificate

Need Help?

For claim intimation, assistance, or further information, please contact **Alfalah Insurance Company Limited** at:

Alfalah Insurance Company Limited
Head office : 5-Saint Mary Park, Gulberg, - Lahore - Pakistan
Contact : 0345-2318318
UAN : 042-111-234-222
✉ **cs@alfalahinsurance.com**
✉ **manzoor.hussain@alfalahinsurance.com**

✉ jabbar.hussain@alfalahinsurance.com

Important Information

- Claims can only be processed after submission of all required documents.
- Incomplete documentation may result in delays or inability to process the claim.
- Alfalah Insurance may request additional documents, if necessary, to assess the claim.
- Approved claim payments will be issued directly to the customer.

Alfalah Insurance

PERSONAL ACCIDENT CLAIM FORM

POLICY NO. _____ CLAIM NO._____

This form is issued without admission of liability, and must be completed and returned within **seven days after its receipt**.

1.	**Insured Details** Name in full: _____ CNIC No. _____ Present Age: _____Years Profession_____ Cover level opted for _____ Amount deducted _____ Prepaid or Postpaid _____	**(In case of accidental death) Beneficiary** **Details:** Name in full: _____ CNIC No. _____ Present Age: _____Years Relationship with the Insured_____
2.	a) When did accident occur? State day, date and hour. _____, _____, _____ b) Where did it occur? _____ c) Give full particulars of the cause, and the injuries sustained. _____	
3.	Give names and addresses of any witnesses of the Accident. _____	
4.	a) If disability, Give name and address of the Doctor who attended you _____ b) If disability, Give name and address of your Ordinary Medical Attendant _____	
5.	If disability, State where and when a Medical or other officer of the Company can visit you, if necessary_____	

I HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if I shall make, any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Dated: _____

_____
INSURED's SIGNATURE

_____
BENEFICIARY'S SIGNAURE
(In case of death of the insured)