



**ATM WITHDRAWAL INSURANCE - CLAIM FORM**

**Section (1): Customer's Information**

1. Customer's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

4. ABN AMRO Relationship Card No : \_\_\_\_\_

**Section (2): Claim Details:**

5. When did the loss occur : Date \_\_\_\_\_ Time \_\_\_\_\_

6. Amount of Cash withdrawn Rs: \_\_\_\_\_ from ABN AMRO ATM situated at : \_\_\_\_\_

**9. Please briefly narrate the incidence**

(You may write in English or Urdu, whichever language you prefer)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. What action did you take?**

- i). Contacted the ABN AMRO Non Stop Banking Centre
- ii) Informed the Police
- iii) Contacted EFU-General

**9. What action has been taken by the Police?**

- Did they register a formal FIR of the event
- Did they register the incidence in their Daily complaint register
- They did not register your complaint at all

\_\_\_\_\_

I hereby declare that, to the best of my knowledge, the above facts are true.

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Customer's Signature

Dated: \_\_\_\_\_