

CLAIM NOTE MS HOMESHIELD / MS SUPERSURANCE / MS AMAN

	erewith my / our cla claim at the earliest	im note for the under mentioned with the request that you will be enough to make date.
The Insured	Name	·
	Address	·
Policy No.		·
Insurance Period Interest Insured / Sum(s) Insured		:
		:
Date and Time of accident		:
Place of accident		:
Full details of caus	se, extent and outco	ome of the accident:
Reported Policy Station		·
Specification of Loss		:
Total Claim		
	ante / Claim Sunn	crting Documents) :
	n / estimation of Repair or F	orting Documents): Replacement Cost
Copy of Purchase Detailed Accident Police Report (SI Photograph of da	e Invoice of Damaged / Sto t Report tolen Case) maged property / circumsta	len Property
Bank Address In Favour of Account No. (IDR) (YEN)	FHE PAYMENT TO	Yours faithfully,
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