**FAIRFIRST INSURANCE LIMITED**
**(Company No. PB5180)**
Access Towers II (14th Floor), No. 278/4, Union Place, Colombo 02, Sri Lanka.
Tel :011-2428428 Fax : 011-2438438
E-mail: info@fairfirst.lk Website: www.fairfirst.lk

# LOSS OF WALLET INSURANCE CLAIM FORM

Policy Issued by: Fairfirst Insurance Limited

Please complete all sections of this form clearly and accurately. Incomplete forms may delay claim processing.

## SECTION 1 – GENERAL DETAILS

Policyholder (Bank / Financial Institution): _____

Name of Insured (Credit Card Holder): _____

Policy Number: _____

Period of Insurance: _____

Date and Time of Loss: _____

Place / Location of Loss: _____

## SECTION 2 – INCIDENT DESCRIPTION

Describe in detail the circumstances leading to the loss or theft of your wallet:

_____

_____

Police Station Name: _____ Complaint No.: _____ Date Filed: _____

Was any hold-up or violence involved? □ Yes □ No

## SECTION 3 – TYPE OF CLAIM (Tick as applicable)

- □ Credit Card Fraud (within 48 hours of loss)
- □ Loss of Passport / Driving License / NIC
- □ Loss of SIM Card

- □ Loss of Keys
- □ Loss of Cash at ATM (due to hold-up)
- □ Accidental Medical Cover (due to hold-up at ATM)

## SECTION 4 – DOCUMENT CHECKLIST

- □ Copy of Police Complaint / Incident Report
- □ Credit Card Statement or Policyholder Confirmation (for fraudulent transactions)
- □ Receipts for replacement of Identification Papers / SIM / Keys
- □ ATM Transaction Receipt (if applicable)
- □ Medical Bills and Certificate (if applicable)
- □ Policyholder Confirmation of Card Blockage
- □ Any other relevant supporting documents

## SECTION 5 – DECLARATION BY INSURED

I hereby declare that the information given above is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or concealment of facts may lead to rejection of my claim.

Signature of Insured: _____ Date: _____

Contact Number: _____ Email: _____

## SUBMISSION INFORMATION

Please submit the completed claim form along with all supporting documents to:

Claims Manager
Fairfirst Insurance Limited
Access Towers II (13th Floor)
278/4, Union Place, Colombo 02, Sri Lanka

Email: nonmotorclaimsteam@FAIRFIRST.lk Contact: +94 112 428428

***Note: This policy provides 24-hour worldwide coverage under six covers as stated. Ensure all claims are reported within the stipulated 48-hour period as per policy terms.***