



J-STAR GROUP OF COMPANIES

"Take Responsibility of your own happiness, never put it on other people's hands."

Come and register with J-Star Now! ہم پر آپ کا اعتماد، ہماری طاقت

J-STAR COVERAGE CARD CLAIM FORM

Participant's Name and Address: _____

Name of Card Member: _____

Card No. _____

Card Valid: From: _____ To: _____

Card Member. Since: _____

Coverage Limit: _____

Date of Discovery Loss: _____

How and by whom was the loss Discovered _____

Amount of Loss: _____ No. of Fraudulent Transactions: _____

Period over which Fraud etc. perpetrated: _____ to _____

Loss due to _____ (Please cross the applicable Box(Yes))

Transactions on a Counterfeit Card _____ Employee Fraud

Transactions on Lost/Stolen Card _____ Employee Infidelity

Name of Employee (s)Involved: _____

Details of the employee(s)Involved: _____ Name: _____

Designation: _____

(Please use separate sheets for additional information) Employed Since: _____

Job Description _____

Actions Taken by the Participant: _____

Recoveries (if any): _____

We declare that all statements made on this form are true to the best of our knowledge and belief and all known pertinent facts are revealed.

Date: _____

Participant's Signature: _____

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