



Claim Form

CNIC No. of the Takaful Holder _____

Claim No. _____

Account no. of the Takaful Holder _____

This form is issued without admission of liability and must be completed and returned within **seven days after its receipt**. No claim can be admitted unless a medical certificate overleaf be furnished at the expense of the Claimant.

<p>Takaful Holder's Name in full: _____</p> <p>Residence: _____</p> <p>Business Address: _____</p> <p>(Present Business or occupation) If more than one state all)</p>	<p>Present Age: _____ Years</p> <p>Height: _____ ft. _____ in.</p> <p>Weight: _____ st. _____ lbs.</p>															
<p>• LOSS OF PERSONAL DOCUMENTS (WALLET)</p>																
<p>a) When did the accident/theft occur? State day, date and hour.</p> <p>b) Where did it occur?</p> <p>c) Give the names and addresses of any witnesses of the accident/theft</p> <p>d) Have you previously claimed or received compensation under an accident and/or Theft PMD? If so, please give particulars.</p> <p>e) Is/was the customer Participant elsewhere?</p> <p>f) If so, give the name of each Company or Insurer, and the amount entitled to claim.</p> <p>g) Has the FIR been registered with the claim?</p> <p>h) Nature of the Loss and circumstances of the loss</p>																
<p>• PERSONAL ACCIDENT (ACCIDENTAL DEATH & PERMANENT DISABILITY)</p>																
<p>a) Name and address of the doctor who attended Name and address of Ordinary Medical Attendant</p> <p>b) Name and address of the branch staff who had been reported about the incident along with the reporting date and time</p> <p>c) State where and when a Medical or other officer of the Company can visit the Participant customer.</p> <p>d) State the number of days the Participant customer had been necessarily and entirely confined to Bed, Room or House, as the Sole and direct result of the injuries sustained _____</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">To Bed</td> <td style="text-align: center;">To Room</td> <td style="text-align: center;">To House</td> </tr> <tr> <td style="text-align: center;">For _____ days</td> <td style="text-align: center;">For _____ days</td> <td style="text-align: center;">For _____ days</td> </tr> <tr> <td style="text-align: center;">From _____</td> <td style="text-align: center;">From _____</td> <td style="text-align: center;">From _____</td> </tr> <tr> <td style="text-align: center;">to _____</td> <td style="text-align: center;">to _____</td> <td style="text-align: center;">to _____</td> </tr> <tr> <td style="text-align: center;">both inclusive</td> <td style="text-align: center;">both inclusive</td> <td style="text-align: center;">both inclusive</td> </tr> </table>	To Bed	To Room	To House	For _____ days	For _____ days	For _____ days	From _____	From _____	From _____	to _____	to _____	to _____	both inclusive	both inclusive	both inclusive
To Bed	To Room	To House														
For _____ days	For _____ days	For _____ days														
From _____	From _____	From _____														
to _____	to _____	to _____														
both inclusive	both inclusive	both inclusive														

e) If still confined to any, state which.	
f) Has the Participant customer in any way attended to business or work during the above period?	
g) In case of permanent Disability, give full particulars of the cause and the injuries sustained.	
h) In case of accidental death, give full particulars of the cause and the date and time of death	
• HOUSEHOLD TAKAFUL	
a) When did the loss occur?	Time: Day: Date:
b) Situation of property damaged and destroyed	
c) How were the premises occupied at premises occupied?	
d) What was the cause of loss and under what circumstances did it occur?	
e) Does the PMD give a correct description of the property in all respects as it existed immediately before the loss?	
f) Has any element of risk been introduced which was not allowed by the PMD?	
g) Have the conditions and warranties of the PMD been complied with in every respect?	
h) Is the claimant the sole owner of the property damaged or destroyed? If not, state the full particulars of any other interest.	
i) Has there been a previous loss in this premises, or in any other premises in which the participant was interested? If so, state full particulars including the clause of such loss or losses	
j) When did the loss occur?	
k) Situation of property damaged and destroyed	
l) How were the premises occupied at premises occupied?	

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

I claim to be paid the sum of _____ or the total sum _____ which I agree to accept in full settlement of my claim on the Company.

DATED: _____

CLAIMANT'S SIGNATURE: _____