



Accidental Death or Permanent Disability/Household/ATM Cash Withdrawal or Over the Counter & Loss of Personal Documents 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.

1.	Takaful Holder's Name in full: _____ Residence: _____ Business Address: _____ (Present Business or occupation) If more than one state all)	Present Age: _____ Years Height: _____ ft. _____ in. Weight: _____ st. _____ lbs.
2.	a) When did the accident/theft occur? State day, date and hour. b) Where did it occur? c) Give the names and addresses of any witnesses of the accident/theft d) Have you previously claimed or received compensation under an accident and/or Theft Policy? If so, please give particulars. e) Is/Was the customer covered elsewhere? f) If so, give the name of each Company or Insurer, and the amount entitled to claim. g) Has the FIR been registered with the claim? h) Nature of the Loss and circumstances of the loss	

PLEASE FILL THE FOLLOWING SECTION INCASE OF ACCIDENTAL DEATH/PERMANENT DISABILITY ONLY

3.	a) Name and address of the doctor who attended) Name and address of Ordinary Medical Attendant b) Name and address of the branch staff who had been reported about the incident along with the reporting date and time c) State where and when a Medical or other officer of the Company can visit the covered customer, d) State the number of days the covered customer had been necessarily and entirely confined to Bed, Room or House, as the Sole and direct	<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
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