

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.		
Αςςοι	ant no. of	the Takaful Holder			
		sued without admission of liability, and must be tim can be admitted unless a medical certificate	-		
1.	Takaful Holder's Name in full: Residence: Business Address: (Present Business or occupation) If more than one state all) a) When did the accident/theft occur? State day,	Present Age:Years			
	Residen	ce:	Height:	ft	in.
	Business	s Address:	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			
PLE ONI		L THE FOLLOWING SECTION INCASE OF A	CCIDENTAL DE	ATH/PERMANEN	T DISABILITY
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,	To Bed	To Room	To House
	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	For days From to both inclusive	For days From to both inclusive	For days From to both inclusive

		result of the injuries sustained		
	e)	If still confined to any, state which.		
	f)	Has the covered 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		
PLEAS	SE FILL	THE FOLLOWING SECTION INCASE OF HO	DUSEHOLD COVERAGE	
4.	a)	When did incident take Place?	Date:	Time:
	b)	Situation of Property damaged or destroyed		
	c)	How were the Premises occupied at the time of Loss?		
	d)	What was the cause of the Loss; under what circumstances did it occur?		
	e)	Dose the Policy 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 Policy?		
	g)	Have the conditions and warranties of the Policy been compiled with in every respect?		
	h)	Is the claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest?		
	i)	Has there been a previous Claim in these Premises, or in any other Premises in which the participant was interested? If so state full particulars including the cause of such Claim.		
	j)	Was there at the time of the loss any existing cover, whether affected by the claimant or by any other person, on the said property with any other Company?	Name of Company:	Amount:
	If	so, state full particulars, if not, please write "No"		
espect, a ompensa	and I agr ation sha	ARE that I have received the injuries/loss above deeree that I have made, or if I shall make, any false II be absolutely forfeited.	e or untrue statement, suppre	ession or concealment, my right
		of my claim on the Company.		<u> </u>