



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>															
1. ATM CASH WITHDRAWAL or OVER THE COUNTER & LOSS OF PERSONAL DOCUMENTS (WALLET)																
<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 Policy? If so, please give particulars.</p> <p>e) Is/was the customer insured 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>																
2. PERSONAL ACCIDENT (ACCIDENTAL DEATH & PERMANENT DISABILITY)																
<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 insured customer.</p> <p>d) State the number of days the insured 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 insured 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	

3. 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 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 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?	

4. MOBILE PHONE COVERAGE

1. Address of premises or place, where loss occurred (if lost from premises state whether private house, flat, hotel, sale shop etc.)	
2. Date of purchase	
3. Particulars of circumstances surrounding the loss	

<p>4. A - date and time when loss was discovered? B - by whom was loss discovered C - date and time when cellular mobile telephone last seen? D - by whom last seen and where?</p>	
<p>5. When were the police notified and at what station?</p>	
<p>6. Was a thorough search been made for the cellular mobile phone?</p>	
<p>7. Was the loss been advertised?</p>	
<p>8. Have you ever before sustained A - loss of cellular mobile telephone by theft? B- loss of or damage to cellular mobile telephone from any cause, (if so please state particulars?)</p>	
<p>9. A -have you insured against burglary, theft loss damage with any other company or underwriter? B- if so state particulars</p>	
<p>10. Address of premises or place, where loss occurred (if lost from premises state whether private house, flat, hotel, sale shop etc.)</p>	

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: _____