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IGI GENERAL INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS

ALL RISKS BENEFIT CLAIM FORM

This form should be completed and returned to the Operator immediately
(The Operator does not admit liability be the issue of this form)

Benefit Claim No. _____

1. Name of Participant _____
2. Address _____
3. PMD Number _____ Date of Loss _____
4. Cause of Loss _____
5. If by Theft :
 - a) Time and date _____
 - b) How committed _____
 - c) Have Police been notified _____
 - d) If so, when and where _____
 - e) State result of police Investigation, if any _____
6. Are you covered against the present loss under any other Takaful/Insurance policy? _____

I/We declare that the foregoing statement are true to the best of my/our knowledge and belief that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstances above described, and that such articles and property belong to the persons named, no other person having any interest therein whether as Owner, Mortgagee or otherwise.

Date _____

Signature of Authorized Officials _____