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**Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar**

**IGI GENERAL INSURANCE LIMITED**  
**WINDOW TAKAFUL OPERATIONS**

**BURGLARY 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. \_\_\_\_\_

I/We \_\_\_\_\_  
of \_\_\_\_\_ Phone No. \_\_\_\_\_  
being covered under PMD No. \_\_\_\_\_ in respect of which the last contribution was paid by me  
on \_\_\_\_\_, **do hereby declare** and set forth that at or about \_\_\_\_\_ o'clock,  
on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ a Theft was committed  
upon my/our premises at: \_\_\_\_\_

\_\_\_\_\_ occasioned, to the best of my/our knowledge and belief, in manner following:  
\_\_\_\_\_  
\_\_\_\_\_

And I/we further declare that the Property described on the other side, belonging to me/us, and covered under the said PMD, was stolen and that the amounts severally stated represent the sum I/we am/are entitled to seek benefit, in terms of the PMD and of the Instructions annexed hereto.

**I/We also further declare that** no other person has an interest in the said Property, whether as owner, Mortgagee, Trustee, or otherwise, and that it is not otherwise covered against Theft with this or any other Office, except as undermentioned.

**I/We declare that the whole of the Statements made by me/us in this Form of Benefit and any supplementary statement forming part of the benefit are in every respect true, and I/we agree that if I/we have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the PMD shall be absolutely surrendered.**

**Witness my/our hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**  
Witness \_\_\_\_\_ Participant's Signature \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

**Statement of the Takaful covers in force upon the property above described**

Rs. \_\_\_\_\_ in the \_\_\_\_\_ Takaful Co., by Policy No. \_\_\_\_\_

Rs. \_\_\_\_\_ in the \_\_\_\_\_ Takaful Co., by Policy No. \_\_\_\_\_

Rs. \_\_\_\_\_ in the \_\_\_\_\_ Takaful Co., by Policy No. \_\_\_\_\_

**Discovery of Loss :** The Participant must promptly take all practical steps for discovering and punishing the guilty, party or parties, and for tracing and recovering the property lost.

**Notification to Police :** The Police Authorities must be notified of loss without delay.

**QUESTIONS TO BE ANSWERED BY THE PARTICIPANT**

1. Business Address & Phone No.	
2. On what date and hour was the theft discovered and by whom?	
3. (a) Were any windows and doors forced? (b) If so, which?	
4. (a) Was the premises occupied at the time of the theft? (b) If not than upon what date and what time was it last occupied?	
5. Was a night watchmen on duty at the time of the theft?	
6. (a) Did your suspicions rest upon someone? (b) If so, whom?	
7. Date police were advised and the name of the police station.	
8. What figure would you value the total contents of your premises at the time of the theft?	
9. For what sum do you cover the contents of fire and with what Operator?	
10. Have you ever sustained loss by fire or theft?	

**STATEMENT OF CLAIM**

**N.B. :**

- (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of the Theft. The amount of damage should be stated, with full details, at the foot.
- (2) Receipts obtained at time of purchase of the undermentioned articles should be attached wherever possible for inspection and subsequent return.

NO.OF ARTICLES	DESCRIPTION	BELONGING TO	WHEN AND WHERE OUGHT	PRICE PAID	DEDUCTION FOR AGE, USE, AND/ORWEAR AND TEAR	AMOUNT CLAIMED