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IGI GENERAL INSURANCE LIMITED

WINDOW TAKAFUL OPERATIONS

ERECTION ALL RISK 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)

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delays dispatch of this form and such particulars may be sent later.

Benefit Claim Number: _____ **PMD Number:** _____

A.	PARTICIPANT	
1.	Name	
2.	Address	
3.	City	
4.	Telephone Number	
5.	Period of Takaful	From To
B.	PARTICULARS OF ACCIDENT	
1.	Date & Time of Occurrence:	
2.	State the site where the damage Occurred.	
3.	Give the details of the damage (a) to Covered Property (b) to Property belonging to Third Parties	
4.	What was the cause of the damage?	
5.	Is anyone responsible for the damage? If yes, state details of person on separate sheet.	Yes No
6.	Is there any possibility of recovery?	Yes No
C.	DETAILS OF THE DAMAGED SECTION/WORKS	
1.	How will the damage be repaired?	
	Please state in detail whether any parts must be replaced	
	Give weight and value of damaged parts	

2.	What is the Estimated amount of the loss or damage?	Rs.
3.	How did the damage occur?	
	(This question must be answered in detail giving a sketch wherever possible, and supported by statement of witnesses)	
4.	Do you wish to carry out repairs yourself? (Or)	Yes No
	Do you wish to entrust repairs to another Firm? (If yes, state name)	Yes No
D.	DETAILS OF OTHER TAKAFUL COVERS	
	Give details of other Takaful Covers, if any, covering the present loss	
E.	DETAILS OF PREVIOUS LOSSES	
	Give details of previous Benefits, if any, on the project	

I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

Date : _____

Place: _____

Signature and Stamped of the Participant