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IGI GENERAL INSURANCE LIMITED
WINDOW TAKAFUL OPERATIONS

MONEY 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 the Participant _____
- 2 Address _____
- 3 PMD Number _____ Date of Loss _____
- 4 Cause of Loss _____
- 5 Amount of Loss _____
- 6 If lost by Theft or In-Transit
 - 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 _____
- 7 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 believe that the covered money was lost in transit or stolen under the circumstances described above, and that such money belongs to the persons/stolen/company named no other person/company having any interest wherein whether as Owner, Mortgagee or otherwise.

Date _____

Signature of Authorized Officials _____